This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

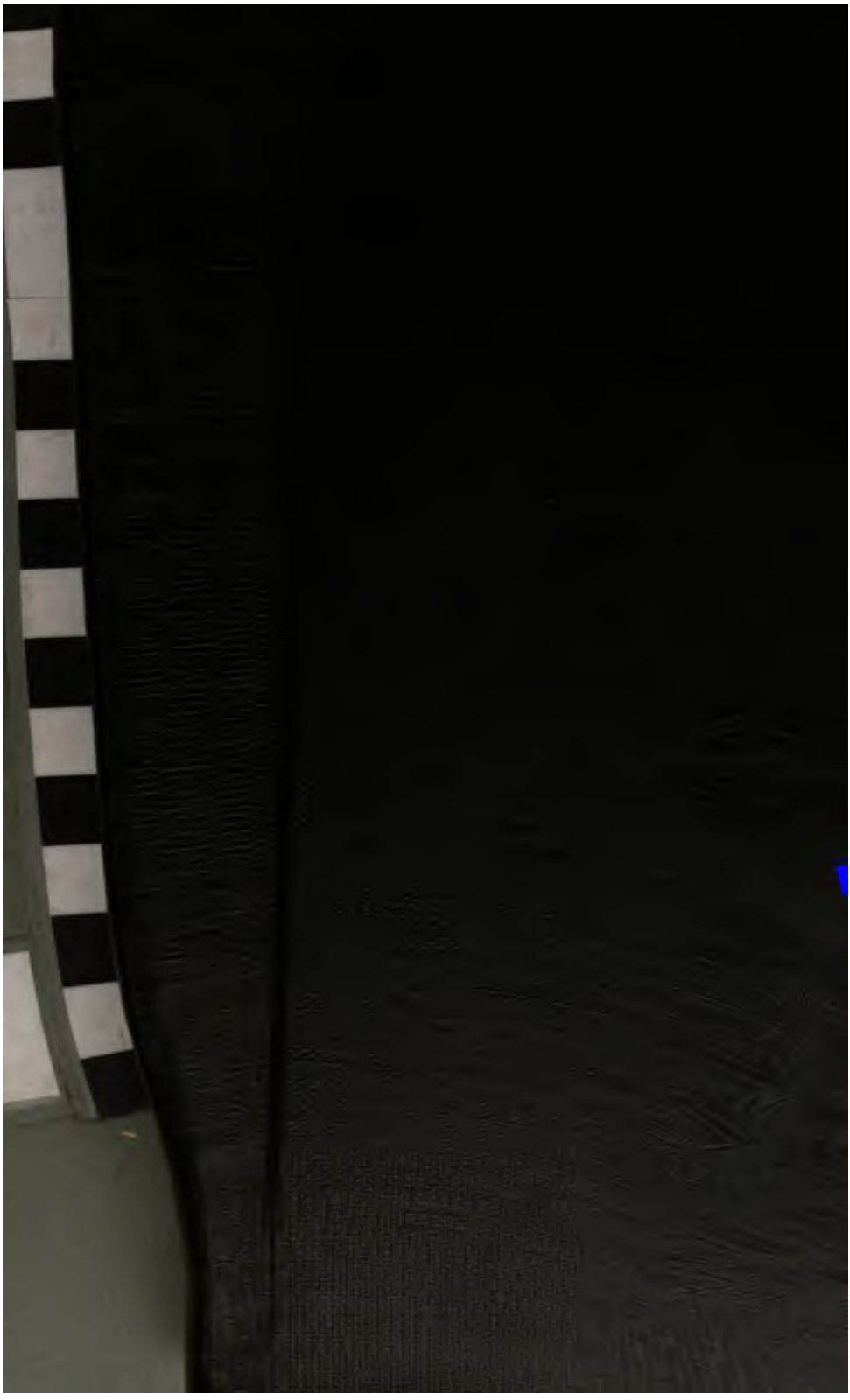
+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`



Harvard University

Library of

The Medical School

and

The School of Public Health

The Gift of

Dr. J.G. Greenfield

Shelf 22

5136
2-50

MEDICO-CHIRURGICAL TRANSACTIONS.

PUBLISHED BY

THE ROYAL

MEDICAL AND CHIRURGICAL SOCIETY

OF

LONDON.

VOLUME THE THIRTY-SIXTH.

LONDON:
LONGMAN, BROWN, GREEN, AND LONGMANS,
PATERNOSTER-ROW.

1853.

HARVARD UNIVERSITY
SCHOOL OF MEDICINE AND PUBLIC HEALTH
LIBRARY

29 NOV 1935

Gift: Dr. J. G. Greenfield

WI G. G. 1837.1

MEDICO-CHIRURGICAL TRANSACTIONS.

PUBLISHED BY

THE ROYAL

MEDICAL AND CHIRURGICAL SOCIETY

OF

LONDON.

SECOND SERIES.

VOLUME THE EIGHTEENTH.

LONDON:

LONGMAN, BROWN, GREEN, AND LONGMANS,

PATERNOSTER-ROW.

1853.

C. and J. Adlard, Printers, Bartholomew Close.

ROYAL
MEDICAL AND CHIRURGICAL SOCIETY
OF LONDON.

PATRON.

THE QUEEN.

OFFICERS AND COUNCIL,

ELECTED MARCH 1, 1853.

President.

JAMES COPLAND, M.D. F.R.S.

VICE-PRESIDENTS.
- JAMES ALDERSON, M.D. F.R.S.
- THOMAS ALFRED BARKER, M.D.
- BENJAMIN PHILLIPS, F.R.S.
- MARTIN WARE.

TREASURERS.
- ROBERT NAIRNE, M.D.
- RICHARD QUAIN, F.R.S.

SECRETARIES.
- WILLIAM R. BASHAM, M.D.
- HOLMES COOTE.

LIBRARIANS.
- HENRY PITMAN, M.D.
- JAMES DIXON.

OTHER MEMBERS OF COUNCIL.
- THOMAS ADDISON, M.D.
- THOMAS GRAHAM BALFOUR, M.D.
- GEORGE CHAPLIN CHILD, M.D.
- WILLIAM DINGLE CHOWNE, M.D.
- MERVYN A. N. CRAWFORD, M.D.
- WILLIAM BOWMAN, F.R.S.
- JOHN GEORGE FRENCH.
- JAMES RANALD MARTIN, F.R.S.
- EDWARD STANLEY, F.R.S.
- THOMAS TATUM.

TRUSTEES OF THE SOCIETY.

JAMES M. ARNOTT, F.R.S.
JAMES COPLAND, M.D. F.R.S.
EDWARD STANLEY, F.R.S.

RESIDENT ASSISTANT-LIBRARIAN.

THOMAS WILLIAMS.

FELLOWS OF THE SOCIETY APPOINTED BY THE COUNCIL AS REFEREES OF PAPERS,

FOR THE SESSION OF 1853-54.

ARNOTT, JAMES MONCRIEFF, F.R.S.
BABINGTON, BENJAMIN GUY, M.D. F.R.S.
BALLARD, EDWARD, M.D.
BALY, WILLIAM, M.D. F.R.S.
BIRD, GOLDING, M.D. F.R.S.
BIRKETT, EDMUND LLOYD, M.D.
BIRKETT, JOHN.
BRODIE, SIR BENJAMIN COLLINS, Bart., F.R.S.
BURROWS, GEORGE, M.D. F.R.S.
BUSK, GEORGE, F.R.S.
CHAMBERS, THOMAS KING, M.D.
COCK, EDWARD.
CURLING, THOMAS BLIZARD, F.R.S.
CURSHAM, GEORGE, M.D.
DICKSON, ROBERT, M.D.
FARRE, ARTHUR, M.D. F.R.S.
FERGUSON, ROBERT, M.D.
FERGUSSON, WILLIAM, F.R.S.
HAWKINS, CÆSAR HENRY.
HENNEN, JOHN, M.D.
HEWETT, PRESCOTT GARDNER.
HILTON, JOHN, F.R.S.
HODGKIN, THOMAS, M.D.
JOHNSON, GEORGE, M.D.
JONES, HENRY BENCE, M.D. F.R.S.
LAWRENCE, WILLIAM, F.R.S.
LEE, ROBERT, M.D. F.R.S.
LOCOCK, CHARLES, M.D.
MAYO, THOMAS, M.D. F.R.S.
PAGE, WILLIAM EMANUEL, M.D.
PAGET, JAMES, F.R.S.
SHARPEY, WILLIAM, M.D. F.R.S.
SIMON, JOHN, F.R.S.
SMITH, HENRY (Upper Seymour Street).
TRAVERS, BENJAMIN, F.R.S.
WEST, CHARLES, M.D.

A LIST OF THE PRESIDENTS OF THE SOCIETY, FROM ITS FORMATION.

ELECTED

1805. WILLIAM SAUNDERS, M.D.
1808. MATTHEW BAILLIE, M.D.
1810. SIR HENRY HALFORD, Bart., M.D. G.C.H.
1813. SIR GILBERT BLANE, Bart., M.D.
1815. HENRY CLINE.
1817. WILLIAM BABINGTON, M.D.
1819. SIR ASTLEY PASTON COOPER, Bart., K.C.H. D.C.L.
1821. JOHN COOKE, M.D.
1823. JOHN ABERNETHY.
1825. GEORGE BIRKBECK, M.D.
1827. BENJAMIN TRAVERS.
1829. PETER MARK ROGET, M.D.
1831. WILLIAM LAWRENCE.
1833. JOHN ELLIOTSON, M.D.
1835. HENRY EARLE.
1837. RICHARD BRIGHT, M.D.
1839. SIR BENJAMIN COLLINS BRODIE, Bart.
1841. ROBERT WILLIAMS, M.D.
1843. EDWARD STANLEY.
1845. WILLIAM FREDERICK CHAMBERS, M.D. K.C.H.
1847. JAMES MONCRIEFF ARNOTT.
1849. THOMAS ADDISON, M.D.
1851. JOSEPH HODGSON.
1853. JAMES COPLAND, M.D. F.R.S.

FELLOWS

OF THE

ROYAL MEDICAL AND CHIRURGICAL SOCIETY

OF LONDON.

EXPLANATION OF THE ABBREVIATIONS.

P.—President.	V.P.—Vice-President.
T.—Treasurer.	S.—Secretary.
L.—Librarian.	C.—Member of Council.

AUGUST 1853.

Amongst the non-residents, those marked thus (*) are entitled by composition to receive the Transactions.

Elected

1841 *JAMES ABERCROMBIE, M.D., Cape of Good Hope.

1846 *JOHN ABERCROMBIE, M.D., Physician to the General Dispensary, Cheltenham; Cheltenham.

1851 *HENRY WENTWORTH ACLAND, M.D. F.R.S., Physician to the Radcliffe Infirmary, Oxford.

1842 WILLIAM ACTON, Queen Anne-street, Cavendish-square.

1818 WALTER ADAM, M.D., Physician to the Royal Public Dispensary, Edinburgh.

1851 JOHN ADAMS, Surgeon to the London Hospital; St. Helen's-place, Bishopsgate-street.

1852 WILLIAM ADAMS, 5, Henrietta-street, Cavendish-square.

1818 THOMAS ADDISON, M.D., Physician to, and Lecturer on Medicine at, Guy's Hospital; New-street, Spring-gardens. C. 1826. V.P. 1837. P. 1849. C. 1853.

1814 JOSEPH AGER, M.D., Great Portland-street, Portland-place. C. 1836.

1837 *RALPH FAWSETT AINSWORTH, M.D., Manchester.

1819 GEORGE FREDERICK ALBERT.

1839 RUTHERFORD ALCOCK, K.C.T. K.T.S., China.

Elected

1826 James Alderson, M.D. F.R.S., *Vice-President;* Physician to St. Mary's Hospital; Berkeley-square. S. 1829. C. 1848. T. 1849.

1843 Charles James Berridge Aldis, M.D., Physician to the London and Surrey Dispensaries, and Lecturer on Medicine at the Hunterian School of Medicine; Chester-terrace, Chester-square.

1850 Charles Revans Alexander, Assistant-Surgeon to the Royal Infirmary for Diseases of the Eye; Cork-street, Bond-street.

1813 Henry Alexander, F.R.S., Surgeon-Oculist in Ordinary to the Queen, and Surgeon to the Royal Infirmary for Diseases of the Eye; Cork-street, Bond-street. C. 1840. V.P. 1850.

1836 Henry Ancell, Norfolk-crescent, Oxford-square. C. 1847.

1817 Alexander Anderson.

1820 Thomas Andrews, M.D., Norfolk, Virginia.

1813 William Ankers, Knutsford.

1819 Professor Antommarchi, Florence.

1825 Thomas Graham Arnold, M.D., Stamford.

1819 James Moncrieff Arnott, F.R.S., New Burlington-street. L. 1826. V.P. 1832. T. 1835. C. 1846. P. 1847.

1817 John Ashburner, M.D. M.R.I.A., 40, York-place, Portman-square. C. 1821.

1851 Thomas John Ashton, Surgeon to the Blenheim Dispensary; 31, Cavendish-square.

1841 John Avery, Surgeon to the Charing-cross Hospital; Queen-street, May-fair.

1825 Benjamin Guy Babington, M.D. F.R.S., Physician to Guy's Hospital, and Physician to the Deaf and Dumb Institution; George-street, Hanover-square. C. 1829. V.P. 1845. T. 1848.

1846 Cornelius Metcalfe Stuart Babington, M.D., Physician to Queen Charlotte's Lying-in Hospital; 29, Hertford-street, May-fair.

1820 *John H. Badley, Dudley.

1838 Francis Badgley, M.D., Toronto, Upper Canada.

1840 William Bainbridge, Kingston, Surrey.

Elected

1836 ANDREW WOOD BAIRD, M.D., Ipswich.

1851 *ALFRED BAKER, Surgeon to the General Hospital, Birmingham.

1839 THOMAS GRAHAM BALFOUR, M.D., Royal Military Asylum; Chelsea. C. 1852.

1848 EDWARD BALLARD, M.D., Myddleton-square.

1849 THOMAS BALLARD, Southwick-place, Hyde-park.

1837 WILLIAM BALY, M.D. F.R.S., Physician to the Milbank Prison, and Lecturer on Forensic Medicine at St. Bartholomew's Hospital; Queen Anne-street, Cavendish-square. C. 1845. L. 1847. S. 1848.

1847 ANDREW WHYTE BARCLAY, M.D., Physician to the Chelsea Dispensary; Bruton-street, Berkeley-square.

1848 EDGAR BARKER, Edgeware-road, Hyde-park.

1833 THOMAS ALFRED BARKER, M.D., *Vice-President;* Physician to, and Lecturer on Medicine at, St. Thomas's Hospital; Grosvenor-street, Grosvenor-square. C. 1844.

1843 THOMAS HERBERT BARKER, Priory-terrace, Bedford.

1847 GEORGE HILARO BARLOW, M.D., Physician to Guy's Hospital; Union-street, Southwark.

1840 BENJAMIN BARROW, Ryde, Isle of Wight.

1844 WILLIAM RICHARD BASHAM, M.D., *Secretary;* Physician to, and Lecturer on Medicine and Materia Medica at, the Westminster Hospital; Chester-street, Grosvenor-place.

1841 GEORGE BEAMAN, King-street, Covent-garden.

1836 WILLIAM BEAUMONT, Professor of Surgery in the University of King's College; Toronto, Upper Canada.

1840 CHARLES BEEVOR, Berners-street, Oxford-street.

1819 THOMAS BELL, F.R.S. L.S. and G.S., Professor of Zoology in King's College, London, and Lecturer on Diseases of the Teeth at Guy's Hospital; New Broad-street, City. C. 1832.

1847 JAMES HENRY BENNET, M.D., Grosvenor-street.

1845 EDWIN UNWIN BERRY, James-street, Covent-garden.

1820 STEPHEN BERTIN, Paris.

1827 WILLIAM BIRCH, Barton, Lichfield.

1845 GOLDING BIRD, M.D. F.R.S., Assistant-Physician to, and Lecturer on Materia Medica at, Guy's Hospital; Russell-sq.

Elected

1850 JAMES BIRD, M.D., Hyde-park-square, Hyde-park.

1849 EDMUND LLOYD BIRKETT, M.D., 4, Montague-street, Russell-square.

1851 GEORGE BIRKETT, M.D., 9, Duncan-terrace, Islington.

1851 JOHN BIRKETT, Surgeon to, and Lecturer on Anatomy at, Guy's Hospital; 6, Wellington-street, Southwark.

1846 HUGH BIRT, Morro Velhio, Minas Geraes, Rio Janeiro, Brazil; Surgeon to the Morro Velhio Hospital.

1843 PATRICK BLACK, M.D., Assistant-Physician to St. Bartholomew's Hospital, and Warden to the Collegiate Establishment at St. Bartholomew's Hospital.

1844 THOMAS BLACKALL, M.D., Physician to the Seamen's Hospital Ship 'Dreadnought;' Queen-street, May-fair.

1847 GEORGE C. BLACKMAN, M.D., New York, U.S.

1839 RICHARD BLAGDEN, Surgeon-Accoucheur, and Surgeon Extraordinary to the Queen, Surgeon in Ordinary to Her Royal Highness the Duchess of Kent; Albemarle-street, Piccadilly. C. 1847.

1840 PEYTON BLAKISTON, M.D. F.R.S., St. Leonard's-on-Sea.

1845 HENRY BLENKINSOP, Warwick.

1823 LOUIS HENRY BOJANUS, M.D., Wilna.

1816 HUGH BONE, M.D., Inspector-General of Hospitals; Edinburgh.

1810 JOHN KAYE BOOTH, M.D.

1846 PETER BOSSEY, Thomas-street, Woolwich.

1846 JOHN ASHTON BOSTOCK, 34, Clarges-street, Piccadilly.

1849 EDWARD BARONS BOWMAN, M.D., Oxford-terrace, Middleton-road, Dalston.

1841 WILLIAM BOWMAN, F.R.S., Professor of Physiology and General Anatomy at King's College, London; Assistant-Surgeon to King's College Hospital, and to the Royal Ophthalmic Hospital, Moorfields; Clifford-street, Bond-street. C. 1852-3.

1814 RICHARD BRIGHT, M.D. F.R.S., Physician Extraordinary to the Queen, and Consulting Physician to Guy's Hospital; Savile-row, Regent-street. C. 1821. V.P. 1827. P. 1837.

Elected

1851 BERNARD EDWARD BRODHURST, Assistant-Surgeon to the Royal Orthopædic Hospital; Brook-street, Grosvenor-square.

1813 SIR BENJAMIN COLLINS BRODIE, BART., D.C.L. F.R.S., Serjeant-Surgeon to the Queen, Surgeon in Ordinary to His Royal Highness Prince Albert, Foreign Correspondent of the Institute of France, and Foreign Associate of the Royal Academy of Medicine of Paris; Savile-row, Regent-street. C. 1814. V.P. 1816. P. 1839.

1844 CHARLES BROOKE, B.A. (Cantab.) F.R.S., Surgeon to the Westminster Hospital; Keppel-street, Russell-square.

1848 WILLIAM PHILPOT BROOKES, M.D., Surgeon to the Cheltenham General Hospital and Dispensary, and Visiting Medical Officer to the Cheltenham District of Lunatic Asylums; Albion House, Cheltenham.

1842 CHARLES BLAKELY BROWN, M.B., Physician to Queen Charlotte's Lying-in Hospital, and St. George's and St. James's Dispensary; Hill-street, Berkeley-square.

1847 GEORGE BROWN, Grenadier Guards' Hospital, Rochester-row, Westminster.

1847 *ROBERT BROWN, Winckley-square, Preston, Lancashire.

1851 ALEXANDER BROWNE, M.D., Army and Navy Club, St. James's-square.

1827 M. PIERRE BRULATOUR, Surgeon to the Hospital; Bordeaux.

1823 B. BARTLET BUCHANAN, M.D.

1843 JOHN CHARLES BUCKNILL, M.B., Axminster, Devonshire.

1839 GEORGE BUDD, M.D. F.R.S., Fellow of Caius College, Cambridge; Professor of Medicine in King's College, London; Physician to King's College Hospital; Dover-street, Piccadilly. C. 1846.

1839 THOMAS HENRY BURGESS, M.D., Half-moon-street, Piccadilly.

1833 GEORGE BURROWS, M.D. F.R.S., Physician to, and Lecturer on Medicine at, St. Bartholomew's Hospital; Cavendish-square. C. 1839. T. 1845. V.P. 1849.

1820 SAMUEL BURROWS.

1837 GEORGE BUSK, F.R.S., Surgeon to the Seamen's Hospital-ship 'Dreadnought;' Croom's-hill, Greenwich. C. 1847.

Elected

1850 JOHN STEVENSON BUSHNAN, M.D.

1818 JOHN BUTTER, M.D. F.R.S. F.L.S., Physician to the Plymouth Eye Infirmary; Plymouth.

1851 *WILLIAM CADGE, All Saints, Norwich.

1851 THOMAS CALLAWAY, Demonstrator of Anatomy at Guy's Hospital; Wellington-street, Southwark.

1852 *GEORGE CANNEY, Bishop's Auckland, Durham.

1842 HENRY CANTIS, 14, Hanover-street, Hanover-square.

1847 JOHN BURFORD CARLILL, M.D., Berners-street, Oxford-street.

1839 SIR ROBERT CARSWELL, M.D., Physician to his Majesty the King of the Belgians; Brussels.

1825 HARRY CARTER, M.D., Physician to the Kent and Canterbury Hospital; Canterbury.

1853 ROBERT BRUDENELL CARTER, Leytonstone, near London.

1818 *RICHARD CARTWRIGHT.

1820 SAMUEL CARTWRIGHT, F.R.S., Savile-row, Regent-street, and Nizell's House, near Tonbridge.

1845 SAMUEL CARTWRIGHT, Jun., Savile-row, Regent-street.

1839 WILLIAM CATHROW, Weymouth-street, Portland-place.

1845 WILLIAM OLIVER CHALK, Nottingham-terrace, New-road.

1818 RICHARD CHAMBERLAINE, Kingston, Jamaica.

1844 THOMAS KING CHAMBERS, M.D., Physician to St. Mary's Hospital; Hill-street, Berkeley-square.

1816 *WILLIAM FREDERICK CHAMBERS, M.D. K.C.H. F.R.S.; Hardle House, near Lymington, Hants. C. 1818. V.P. 1821. P. 1845.

1849 FREDERICK CHAPMAN, Richmond-green, Richmond, Surrey.

1837 HENRY THOMAS CHAPMAN, Lower Seymour-street, Portman-square.

1838 GEORGE CHAPLIN CHILD, M.D., Consulting Physician to the Westminster General Dispensary; Queen Anne-street, Cavendish-square. C. 1853.

1852 GEORGE BORLASE CHILDS, Finsbury-place South, Finsbury-square.

1849 WILLIAM FRANCIS CHORLEY, M.D., Physician to the St. Marylebone Dispensary; 3, South Molton-street, Oxford-street.

Elected

1842 William Dingle Chowne, M.D., Physician to the Charing-cross Hospital; Connaught-place West, Hyde-park. C. 1853.

1847 Benjamin Clark.

1839 Frederick le Gros Clark, Surgeon to, and Lecturer on Descriptive and Surgical Anatomy at, St. Thomas's Hospital; Consulting Surgeon to the Western General Dispensary; Spring-gardens. S. 1847.

1827 Sir James Clark, Bart., M.D. F.R.S., Physician to the Queen, Physician in Ordinary to his Royal Highness Prince Albert, and Consulting Physician to his Majesty the King of the Belgians; Brook-street, Grosvenor-square. C. 1830. V.P. 1832.

1845 John Clark, M.D., Staff Surgeon, 1st class; West Indies.

1848 John Clarke, M.D., Physician to the British Lying-in Hospital; Clifford-street, Bond-street.

1850 Josiah Clarkson, Birmingham.

1835 James Clayton, Percy-street, Bedford-square. C. 1850.

1842 Oscar Moore Passey Clayton, Percy-street, Bedford-square.

1853 Joseph T. Clover, Resident Medical Officer, University College Hospital.

1851 Edward Cock, Surgeon to Guy's Hospital; St. Thomas' s street, Southwark.

1850 Daniel Whitaker Cohen, M.D., Assistant-Physician to St. Thomas's Hospital; Cleveland-row, St. James's.

1835 *William Colborne, Chippenham, Wiltshire.

1818 Robert Cole, F.L.S., Holybourne, Hampshire.

1828 John Conolly, M.D. D.C.L., Hanwell, Middlesex.

1840 *William Robert Cooke, Burford, Oxfordshire.

1820 Benjamin Cooper, Stamford.

1819 George Cooper, Brentford, Middlesex.

1841 George Lewis Cooper, Surgeon to the Bloomsbury Dispensary; Woburn-place, Russell-square.

1843 William White Cooper, Senior Surgeon to the North London Eye Infirmary, to the Honorable Artillery Company, and Ophthalmic Surgeon to St. Mary's Hospital; Berkeley-square.

Elected

1841 HOLMES COOTE, *Secretary;* Demonstrator of Anatomy at St. Bartholomew's Hospital; Queen-square, Bloomsbury.

1835 GEORGE FORD COPLAND, Cheltenham.

1822 JAMES COPLAND, M.D. F.R.S., *President;* Consulting Physician to Queen Charlotte's Lying-in Hospital; Old Burlington-street. C. 1830. V.P. 1838.

1847 JOHN ROSE CORMACK, M.D., Putney, Surrey.

1839 *CHARLES CÆSAR CORSELLIS, M.D., Resident Physician to the Lunatic Asylum, Wakefield, Yorkshire.

1853 WILLIAM GILLETT CORY, M.D., Sutton, Surrey.

1847 RICHARD PAYNE COTTON, M.D., Assistant-Physician to the Hospital for Consumption and Diseases of the Chest; 46, Clarges-street, Piccadilly.

1828 WILLIAM COULSON, Surgeon to the Magdalen Hospital, Consulting Surgeon to the City Lying-in Hospital, and Senior Surgeon to St. Mary's Hospital; Frederick's-place, Old Jewry. C. 1831. L. 1832. V.P. 1851.

1817 *SIR PHILIP CRAMPTON, Bart., F.R.S., Surgeon-General to the Forces in Ireland; Dublin.

1841 MERVYN ARCHDALL NOTT CRAWFORD, M.D., Physician to, and Lecturer on Medicine at, the Middlesex Hospital; Upper Berkeley-street, Portman-square. C. 1853.

1822 SIR ALEXANDER CRICHTON, M.D. F.R.S. and F.L.S., Physician in Ordinary to their Imperial Majesties the Emperor and Dowager Empress of all the Russias; the Grove, Sevenoaks, Kent. C. 1823.

1847 GEORGE CRITCHETT, Assistant-Surgeon to the London Hospital, and the Royal London Ophthalmic Hospital; Finsbury-square.

1837 JOHN FARRAR CROOKES, Russell-square.

1849 *WILLIAM EDWARD CROWFOOT, Beccles, Suffolk.

1851 JAMES CAMERON CUMMING, M.D., 1, Cadogan-place, Sloane-street.

1818 WILLIAM CUMING, M.D., Professor of Botany at the Glasgow Institution, and Surgeon to the Royal Infirmary at Glasgow.

1846 HENRY CURLING, Ramsgate, Kent.

Elected

1837 THOMAS BLIZARD CURLING, F. R. S., Surgeon to, and Lecturer on Surgery at, the London Hospital; New Broad-street, City. S. 1845. C. 1850.

1847 JOHN EDMUND CURREY, M.D., Lismore, Ireland.

1836 GEORGE CURSHAM, M.D., Physician to the Hospital for Consumption and Diseases of the Chest, and to the Female Orphan Asylum; Savile-row, Regent-street. S. 1842. C. 1850.

1822 CHRISTOPHER JOHN CUSACK, Chateau d'Eu, France.

1852 THOMAS CUTLER, M.D., Physician to the Spa General Dispensary; Spa, Belgium.

1828 ADOLPHE DALMAS, M.D., Paris.

1851 NATHANIEL JOHN DAMPIER, Surgeon to the Farringdon General Dispensary and Lying-in Charity; Woburn-place, Russell-square.

1836 *JAMES STOCK DANIEL, Ramsgate.

1850 JOHN BAMPFYLDE DANIELL, M.D., Physician to the Royal Pimlico Dispensary; Grosvenor-street, Grosvenor-square.

1820 GEORGE DARLING, M.D., Russell-square. C. 1841.

1818 *SIR FRANCIS SACHEVEREL DARWIN, Knt., M.D., Breadsall Priory, near Derby.

1848 HENRY DAUBENY, 34A, York-street, Gloucester-place.

1846 FREDERICK DAVIES, Surgeon to the Northern Dispensary; Upper Gower-street, Bedford-square.

1818 *HENRY DAVIES, M.D., 6, Duchess-street, Portland-place. C. 1827. V.P. 1848.

1847 JOHN DAVIES, M.D., Physician to the Hertford Infirmary, and Visiting Physician to the County Gaol and Lunatic Asylum, Hertford.

1853 ROBERT COKE NASH DAVIES, Winchelsea, Sussex.

1852 WILLIAM DAVIES, M.D., Senior Physician to the United Hospital, Bath; Gay-street, Bath.

1852 JOHN HALL DAVIS, M.D., Russell-place, Fitzroy-square.

1820 THOMAS DAVIS, Spring-gardens. C. 1843.

1818 JAMES DAWSON, Liverpool.

1847 GEORGE EDWARD DAY, M.D. F.R.S., Chandos Professor of Medicine, St. Andrew's.

Elected

1841 CAMPBELL DE MORGAN, Surgeon to, and Lecturer on Physiology at, the Middlesex Hospital; Upper Seymour-street, Portman-square. S. 1851-2.

1846 *SAMUEL BEST DENTON, Ivy-lodge, Hornsea, East Riding, Yorkshire.

1844 ROBERT DICKSON, M.D., Hertford-street, May-fair.

1839 JAMES DIXON, *Librarian;* Assistant-Surgeon to St. Thomas's Hospital, and Surgeon to the Royal London Ophthalmic Hospital; Green-street, Park-lane.

1845 JOHN DODD, Bryanston-street, Portman-square.

1846 JOHN DRUMMOND, Deputy Inspector of Fleets and Hospitals; Royal Naval Hospital, Chatham.

1843 THOMAS JONES DRURY, M.D., Physician to the Salop Infirmary; Shrewsbury.

1845 GEORGE DUFF, M.D., 53, Upper Seymour-street, Portman-square.

1845 EDWARD WILLSON DUFFIN, Langham-place, Portland-place.

1833 ROBERT DUNN, Norfolk-street, Strand. C. 1845.

1843 CHRISTOPHER MERCER DURRANT, M.D., Physician to the East Suffolk and Ipswich Hospital; Ipswich, Suffolk.

1839 HENRY SUMNER DYER, M.D., Bryanston-square.

1836 JAMES WILLIAM EARLE, Norwich.

1824 GEORGE EDWARDS.

1823 CHARLES CHANDLER EGERTON, Kendall-lodge, Epping.

1848 GEORGE VINER ELLIS, Professor of Anatomy in University College, London; 52, Albert-street, Regent's-park.

1835 WILLIAM ENGLAND, M.D., Wisbeach, Cambridgeshire.

1842 JOHN ERIC ERICHSEN, Professor of Surgery in University College, London, and Surgeon to University College Hospital; Welbeck-street, Cavendish-square.

1815 *GRIFFITH FRANCIS DORSETT EVANS, M.D., High-street, Bedford. C. 1838.

1836 GEORGE FABIAN EVANS, M.D., Physician to the General Hospital, Birmingham.

1845 WILLIAM JULIAN EVANS, M.D.

1841 SIR JAMES EYRE, M.D., Consulting Physician to St.George's and St. James's Dispensary; Brook-street, Grosvenor-square. C. 1851.

1844 ARTHUR FARRE, M.D. F.R.S., Professor of Midwifery in King's College, London; Hertford-street, May-fair.

1831 ROBERT FERGUSON, M.D., Physician-Accoucheur to the Queen, Physician to the Westminster Lying-in Hospital; Park-street, Grosvenor-square. C. 1839. V.P. 1847.

1841 WILLIAM FERGUSSON, F.R.S., Professor of Surgery in King's College, London; Surgeon to King's College Hospital, and to H.R.H. Prince Albert; George-street, Hanover-square. C. 1849.

1852 ALFRED GEORGE FIELD, 46, Great Marlborough-street.

1850 *FREDERICK FIELD, Birmingham.

1849 GEORGE TUPMAN FINCHAM, M.D., Assistant Physician to, and Lecturer on Forensic Medicine at, the Westminster Hospital, and Physician to the Western Dispensary; 28, Chapel-street, Belgrave-square.

1836 JOHN WILLIAM FISHER, Surgeon-in-Chief to the Metropolitan Police Force; Grosvenor-gate. C. 1843.

1838 GEORGE LIONEL FITZMAURICE, Gloucester-place, Portman-square.

1842 THOMAS BELL ELCOCK FLETCHER, M.D., Physician to the General Hospital, Birmingham.

1841 SIR JOHN FORBES, M.D. F.R.S. D.C.L., Knt., Physician to her Majesty's Household; Old Burlington-street. C. 1852.

1848 JOHN GREGORY FORBES, Surgeon to the Western General Dispensary; Devonport-street, Hyde-Park.

1852 JOHN COOPER FORSTER, Southwell, Notts.

1817 *ROBERT THOMAS FORSTER, Southwell, Notts.

1820 THOMAS FORSTER, M.D., Hartfield-lodge, East Grinstead.

1816 JOHN W. FRANCIS, M.D., Professor of Materia Medica in the University of New York, U.S.

1841 JOHN CHRISTOPHER AUGUST. FRANZ, M.D., Royal German Spa, Brighton.

1843 PATRICK FRASER, M.D., Physician to the London Hospital; Guilford-street, Russell-square.

1836 JOHN GEORGE FRENCH, Surgeon to St. James's Infirmary; Great Marlborough-street, Regent-street. C. 1852-3.

1849 ROBERT TEMPLE FRERE, M.D., Physician-Accoucheur to, and Lecturer on Midwifery at, the Middlesex Hospital; Queen-street, May-fair.

Elected

1846 HENRY WILLIAM FULLER, M.D., Assistant-Physician to, and Lecturer on Medical Jurisprudence at, St. George's Hospital; Manchester-square.

1815 *GEORGE FREDERICK FURNIVAL, Egham, Surrey.

1851 GEORGE GASKOIN, Cambridge-terrace, Hyde-park.

1819 JOHN SAMUEL GASKOIN, Clarges-street, Piccadilly. C. 1836.

1819 HENRY GAULTER.

1848 JOHN GAY, Surgeon to the Royal Free Hospital; Finsbury-place, Finsbury-square.

1821 *RICHARD FRANCIS GEORGE, Surgeon to the Bath Hospital.

1851 STEPHEN JENNINGS GOODFELLOW, M.D., Physician to the Royal General Dispensary, and Assistant-Physician to, and Lecturer on Forensic Medicine at, the Middlesex Hospital; Russell-square.

1818 JAMES ALEXANDER GORDON, M.D. F.R.S., Burford-lodge, Box-hill. C. 1828. V.P. 1829.

1851 PETER YEAMES GOWLLAND, Finsbury-square.

1844 JOHN GRANTHAM, Crayford, Kent.

1850 HENRY GRAY, F.R.S., Surgeon to the St. George's and St. James's Dispensary; Wilton-street, Grosvenor-place.

1846 GEORGE THOMPSON GREAM, M.D., 2, Upper Brook-street, Grosvenor-square.

1816 JOSEPH HENRY GREEN, F.R.S., Consulting Surgeon to St. Thomas's Hospital; Hadley, Middlesex. C. 1820. V.P. 1830.

1843 ROBERT GREENHALGH, Surgeon-Accoucheur to the Royal General Dispensary, St. Pancras; 11, Upper Woburn place, Russell-square.

1814 JOHN GROVE, M.D., Salisbury.

1852 JOHN GROVE, Wandsworth, Surrey.

1849 WILLIAM WITHEY GULL, M.D., Assistant-Physician to Guy's Hospital; Finsbury-square.

1837 JAMES MANBY GULLY, M.D., Holyrood-House, Great Malvern.

1819 SIR JOHN GUNNING, Knight, C.B., Inspector of Hospitals; Paris.

1842 CHARLES WILLIAM GARDINER GUTHRIE, Surgeon to the Westminster Hospital, and to the Westminster Ophthalmic Hospital; Pall Mall East.

Elected

1849 HAMMETT HAILEY, Newport Pagnell, Bucks.

1852 ROBERT JAMES HALE, M.D., 17, Westbourne Terrace, Hyde-park.

1842 *GEORGE HALL, M.D.

1845 JOHN HALL, M.D., Deputy Inspector-General of Hospitals; Cape of Good Hope.

1848 ALEXANDER HALLEY, M.D., Queen Anne-street, Cavendish-square.

1819 THOMAS HAMMERTON, Piccadilly. C. 1829.

1838 HENRY HANCOCK, Surgeon to the Charing-cross Hospital; Harley-street, Cavendish-square. C. 1851.

1849 *RICHARD JAMES HANSARD, Broad-street, Oxford.

1848 *GEORGE HARCOURT, M.D., Chertsey, Surrey.

1836 JOHN FOSSE HARDING, Mylne-street, Myddleton-square.

1843 THOMAS SUNDERLAND HARRISON, M.D. F.L.S., Garston-lodge, Somersetshire.

1846 JOHN HARRISON, the Court-yard, Albany.

1841 WILLIAM HARVEY, Surgeon to the Royal Dispensary for Diseases of the Ear, and to the Freemasons' Female Charity; Soho-square.

1853 ARTHUR HILL HASSALL, M.D., Physician to the Royal Free Hospital; 8, Bennett-street, St. James's.

1828 CÆSAR HENRY HAWKINS, President of the Royal College of Surgeons of England, Senior Surgeon to St. George's Hospital; Grosvenor-street, Grosvenor-square. C. 1830. V.P. 1838. T. 1841.

1838 CHARLES HAWKINS, Savile-row, Regent-street. C. 1846. S. 1850.

1848 THOMAS HAWKSLEY, M.D., George-street, Hanover-square.

1820 THOMAS EMERSON HEADLAM, M.D., Newcastle-upon-Tyne.

1848 *JAMES NEWTON HEALE, M.D., Physician to the Winchester County Hospital; Winchester.

1850 GEORGE HEATON, M.D., Boston, U.S.

1829 THOMAS HEBERDEN, M.D., Park-street, Grosvenor-square.

1844 JOHN HENNEN, M.D., Physician to the Western General Dispensary; Upper Southwick-street, Hyde-pk. L. 1848.

1848 MITCHELL HENRY, Assistant-Surgeon to the Middlesex Hospital; Harley-street, Cavendish-square.

Elected

1849 AMOS HENRIQUES, Upper Berkeley-street, Portman-square.

1821 VINCENT HERBERSKI, M.D., Professor of Medicine in the University of Wilna.

1843 PRESCOTT GARDNER HEWETT, Assistant-Surgeon to the St. George's Hospital, Lecturer on Anatomy at St. George's Hospital Medical School; Hertford-street, May-fair.

1841 *NATHANIEL HIGHMORE, Consulting-Surgeon to the Weymouth and Dorsetshire Eye Infirmary; Sherborne, Dorsetshire.

1814 *WILLIAM HILL, Wooton-under-Edge, Gloucestershire.

1842 WILLIAM AUGUSTUS HILLMAN, Assistant-Surgeon to, and Lecturer on Anatomy and Physiology at, Westminster Hospital; Argyll-street, Regent-street.

1841 JOHN HILTON, F.R.S., Surgeon to, and Lecturer on Anatomy at, Guy's Hospital; New Broad-street, City. C. 1851.

1848 MARTIN THOMAS HISCOX, M.D., Bath, Somersetshire.

1840 THOMAS HODGKIN, M.D., Bedford-square. C. 1842.

1813 JOSEPH HODGSON, F.R.S., Westbourne-terrace, Hyde-park. C. 1817. P. 1851.

1835 THOMAS HENRY HOLBERTON, Hampton, Middlesex.

1843 LUTHER HOLDEN, 54, Gower-street, Bedford-square.

1814 SIR HENRY HOLLAND, Bart., M.D. F.R.S., Physician to the Queen, and Physician in Ordinary to H.R.H. Prince Albert; Brook-street, Grosvenor-square. C. 1817. V.P. 1826.

1846 BARNARD WIGHT HOLT, Surgeon to the Westminster Hospital; Parliament-street, Westminster.

1846 CARSTEN H. HOLTHOUSE, Surgeon to the Public Dispensary, Lincoln's Inn; Assistant-Surgeon to, and Lecturer on Anatomy and Physiology at, the Westminster Hospital; 9, New Burlington-street.

1819 *JOHN HOWELL, M.D. F.R.S.E.; Clifton, Gloucestershire.

1828 *EDWARD HOWELL, M.D., Swansea, Glamorganshire.

1844 EDWIN HUMBY, Windsor-terrace, Maida-hill.

1822 ROBERT HUME, M.D. C.B., Inspector of Hospitals; Commissioner in Lunacy; Curzon-street, May-fair. V.P. 1836.

1840 HENRY HUNT, M.D., Brook-street, Hanover-square.

Elected

1842 CHRISTOPHER THOMAS AGRIPPA HUNTER, Downham, Norfolk.

1849 EDWARD LAW HUSSEY, Surgeon to the Radcliffe Infirmary, Oxford.

1820 WILLIAM HUTCHINSON, M.D.

1840 CHARLES HUTTON, M.D., Physician to the Royal Infirmary for Children; Assistant-Physician to the General Lying-in Hospital; Lowndes-street, Belgrave-square.

1848 GEORGE COCKBURN HYDE, 5, Halkin-street, Belgrave-sq.

1838 WILLIAM IFIL, M.D.

1847 WILLIAM EDMUND IMAGE, Surgeon to the Suffolk General Hospital; Bury St. Edmund's, Suffolk.

1826 WILLIAM INGRAM, Midhurst, Sussex.

1839 ALEXANDER RUSSELL JACKSON, M.D., Warley Barracks, Essex.

1845 *HENRY JACKSON, Surgeon to the Sheffield General Infirmary; St. James's Row, Sheffield.

1841 PAUL JACKSON, Bentinck-street, Manchester-square.

1847 THOMAS REYNOLDS JACKSON, Charles-street, St. James's.

1841 MAXIMILIAN MORITY JACOBOVICZ, M.D., Pesth.

1825 JOHN B. JAMES, M.D.

1847 *WILLIAM WITHALL JAMES, Exeter, Devonshire.

1844 SAMUEL JOHN JEAFFRESON, M.D., Leamington, Warwickshire.

1839 JULIUS JEFFREYS, F.R.S., Bath, Somersetshire.

1840 *GEORGE SAMUEL JENKS, M.D., Brighton.

1851 WILLIAM JENNER, M.D., Professor of Pathological Anatomy in University College, and Assistant-Physician to University College Hospital, Albany-street, Regent's park.

1848 ATHOL ARCHIBALD WOOD JOHNSON, Lecturer on Physiology at St. George's Hospital Medical School, and Surgeon to the Hospital for Sick Children; 37 Albemarle-street.

1851 EDMUND CHARLES JOHNSON, M.D., Savile-row, and Arlington-street, Piccadilly.

1821 SIR EDWARD JOHNSON, M.D., Weymouth, Dorsetshire.

1847 GEORGE JOHNSON, M.D., Assistant-Physician to King's College Hospital; Woburn-square.

Elected

1837 HENRY CHARLES JOHNSON, Surgeon to, and Lecturer on Medical Jurisprudence at, St. George's Hospital; Savile-row, Regent-street. C. 1850.

1844 JOHN JOHNSTON, Old Burlington-street.

1844 HENRY BENCE JONES, M.D., F.R.S., Physician to St. George's Hospital; Grosvenor-street, Grosvenor-square.

1835 HENRY DERVICHE JONES, Soho-square.

1853 THOMAS WHARTON JONES, F.R.S., 35, George-street, Hanover-square.

1837 THOMAS WILLIAM JONES, M.D., Physician to the City Dispensary; Finsbury-pavement, Finsbury-square.

1829 *GEORGE CHARLES JULIUS, Richmond, Surrey.

1816 *GEORGE HERMANN KAUFFMANN, M.D., Hanover.

1815 ROBERT KEATE, Serjeant-Surgeon to the Queen, Surgeon to H.R.H. the Duchess of Gloucester; Hertford-street, May-fair. C. 1818. V.P. 1826.

1848 *DANIEL BURTON KENDELL, M.D., St. John's, Wakefield, Yorkshire.

1847 ALFRED KEYSER, Norfolk-crescent, Oxford-square.

1839 *DAVID KING, M.D., Eltham, Kent.

1851 JOHN ABERNETHY KINGDON, New Bank-buildings, City.

1836 PETER NUGENT KINGSTON, M.D., Physician to the Westminster Hospital; 8, Kensington-gate, Hyde-park. C. 1846.

1840 SAMUEL ARMSTRONG LANE, Lecturer on Anatomy; Surgeon to the Lock Hospital, and to St. Mary's Hospital; Grosvenor-place, Hyde-park. C. 1849.

1841 *CHARLES LASHMAR, M.D., Croydon, Surrey.

1816 G. E. LAWRENCE.

1809 WILLIAM LAWRENCE, F.R.S., Surgeon Extraordinary to the Queen; Surgeon to St. Bartholomew's Hospital, and to Bridewell and Bethlem Hospital; Lecturer on Surgery at St. Bartholomew's Hospital; Whitehall-place, Whitehall. S. 1813. V.P. 1818. C. 1820. T. 1821. P. 1831.

1840 THOMAS LAYCOCK, M.D., York.

1843 *JESSE LEACH, Heywood, near Bury, Lancashire.

1823 JOHN G. LEATH, M.D.

Elected

1822 JOHN JOSEPH LEDSAM, M.D.

1822 ROBERT LEE, M.D. F.R.S., Physician to the British Lying-in Hospital; Physician-Accoucheur to the St. Marylebone Infirmary; and Lecturer on Midwifery at St. George's Hospital; Savile-row, Regent-street. C. 1829. S. 1830. V.P. 1835.

1823 HENRY LEE, M.D., Keppel-street, Russell-square. C. 1837. S. 1839.

1843 HENRY LEE, Assistant-Surgeon to King's College Hospital, and Surgeon to the Lock Hospital; Dover-street, Piccadilly.

1851 GEORGE MACARTNEY LEESE, Gloucester-place, Portman-square.

1836 FREDERICK LEIGHTON, M.D., Franckfort-on-the-Maine.

1847 JOHN CHARLES WEAVER LEVER, M.D., Physician-Accoucheur to Guy's Hospital; Wellington-street, Southwark.

1847 SIR JOHN LIDDELL, M.D. F.R.S. C.B., Inspector of Hospitals; Royal Hospital, Greenwich.

1806 JOHN LIND, M.D.

1845 WILLIAM JOHN LITTLE, M.D., Physician to, and Lecturer on Medicine at, the London Hospital; 34, Brook-street, Grosvenor-square.

1819 ROBERT LLOYD, M.D.

1824 EUSEBIUS ARTHUR LLOYD, Surgeon to St. Bartholomew's and Christ's Hospitals; Bedford-row. S. 1827. V.P. 1838. C. 1843.

1820 J. G. LOCHER, M.C.D, Town Physician of Zurich.

1844 EDWARD FRANCIS LONSDALE, Surgeon to the Royal Orthopædic Hospital; Montague-street, Russell-square.

1824 CHARLES LOCOCK, M.D., First Physician-Accoucheur to the Queen, and Consulting Physician to the General Lying-in Hospital; Hertford-street, May-fair. C. 1826. V.P. 1841.

1852 CHARLES LODGE, M.D., Rye-lane, Peckham, Surrey.

1846 HENRY THOMAS LOMAX, Stafford.

1836 JOSEPH S. LÖWENFELD, M.D., Berbice.

1815 *PETER LUARD, M.D.

Elected

1852 James Luke, Senior-Surgeon to the London Hospital; Vice-President of the Royal College of Surgeons of England; Broad-street Buildings.

1846 William M'Ewen, M.D., Surgeon to the Cheshire County Gaol, and House-Surgeon to the Chester General Infirmary; Newgate-street, Chester.

1814 Sir James Macgrigor, Bart., M.D. K.C.B. K.T.S. LL.D. F.R.S. L. and E., Director-General of the Medical Department of the Army; Harley-street, Cavendish-square. C. 1820. V.P. 1815.

1823 George Macilwain, Consulting Surgeon to the Finsbury Dispensary: the Court-Yard, Albany. C. 1829. V.P. 1848.

1839 William Macintyre, M.D., Harley-street, Cavendish-square. C. 1850.

1848 Frederick William Mackenzie, M.D., Chester-place, Hyde-park-square.

1818 William Mackenzie, Surgeon to the Eye Infirmary, Glasgow.

1822 Richard Mackintosh, M.D.

1844 Daniel Maclachlan, M.D., Physician to the Royal Hospital, Chelsea, and Deputy Inspector-General of Hospitals; Royal Hospital, Chelsea.

1851 Samuel Maclean, Brook-street, Grosvenor-square.

1849 Duncan Maclachlan Maclure, Harley-street, Cavendish-square.

1842 John Macnaught, M.D., Bedford-street, Liverpool.

1835 Daniel Chambers Macreight, M.D., St. Hillier's, Jersey.

1837 Andrew Melville M'Whinnie, Lecturer on Comparative Anatomy at St. Bartholomew's Hospital; Assistant-Surgeon to the London Hospital for Diseases of the Skin; Bridge-street, Blackfriars. C. 1851.

1848 William Orlando Markham, M.D., Assistant-Physician to St. Mary's Hospital; Clarges-street, Piccadilly.

1824 Sir Henry Marsh, Bart., M.D., Dublin.

1838 Thomas Parr Marsh, M.D., Physician to the Salop Infirmary, Shrewsbury.

Elected

1851 JOHN MARSHALL, Assistant-Surgeon to University College Hospital, 10, George-street, Hanover-square.

1841 JAMES RANALD MARTIN, F.R.S., Lower Grosvenor-street, Grosvenor-square. C. 1853.

1819 *JOHN MASPEN, Surgeon to the County General Infirmary, and Fever Hospital, Stafford.

1849 GEORGE BELLASIS MASPEN, 78, Oxford-street, Manchester.

1853 WILLIAM EDWARD MASPEN, Stafford.

1818 J. P. MAUNOIR, Professor of Surgery at Geneva.

1837 THOMAS MAYO, M.D. F.R.S., Physician to the St. Marylebone Infirmary; Wimpole-street, Cavendish-square. S. 1841. C. 1847. V.P. 1851.

1839 RICHARD HENRY MEADE, Bradford, Yorkshire.

1819 *THOMAS MEDHURST, Hurstbourne Tarrant, Hampshire.

1837 SAMUEL WILLIAM JOHN MERRIMAN, M.D., Physician to the Royal Infirmary for Children; Consulting Physician to the Westminster General Dispensary; and Assistant-Physician to the West London Lying-in Institution; 3, Charles-street, Westbourne-terrace, Hyde-park.

1852 JAMES MERRYWEATHER, 57, Brook-street, Grosvenor-square.

1847 EDWARD MERYON, M.D., Clarges-street, Piccadilly.

1815 AUGUSTUS MEYER, M.D., St. Petersburgh.

1840 RICHARD MIDDLEMORE, Consulting-Surgeon to the Eye Infirmary, Birmingham.

1818 *PATRICK MILLER, M.D. F.R.S. E., Physician to the Devon and Exeter Hospitals, and to the Lunatic Asylum; Exeter, Devonshire.

1848 GAVIN MILROY, M.D., Fitzroy-square.

1852 JAMES MONRO, M.D., Surgeon-Major, Coldstream Guards; Vincent-square, Westminster.

1844 NATHANIEL MONTEFIORE, 4, Stanhope-street, May-fair.

1828 JOSEPH MOORE, M.D., Physician to the Royal Freemasons' Female Charity; Consulting Physician to Queen Charlotte's Lying-in Hospital; Savile-row, Regent-street. C. 1837.

1836 GEORGE MOORE, M.D., Hastings.

Elected

1848 CHARLES HEWITT MOORE, Surgeon to, and Lecturer on Anatomy at, the Middlesex Hospital; 35, Montague-place, Russell-square.

1851 FREDERICK JOHN MOUAT, M.D., Professor of Medicine in the Medical College of Calcutta, and Secretary of the Council of Education in India; Calcutta.

1814 *GEORGE FREDERICK MUHRY, M.D., Hanover.

1847 SIMON MURCHISON, Steepleaston, near Woodstock, Oxon.

1841 EDWARD WILLIAM MURPHY, M.D., Professor of Midwifery in University College, London; Henrietta-street, Cavendish-square.

1845 THOMAS D. MUTTER, M.D., Professor of Surgery in Jefferson Medical College; Philadelphia.

1849 ROBERT NAIRNE, M.D., *Treasurer;* Physician to, and Lecturer on Medicine at, St. George's Hospital; Charles-street, Berkeley-square. C. 1848.

1835 THOMAS ANDREW NELSON, M.D., Nottingham-terrace, New-road.

1843 EDWARD NEWTON, Howland-street, Fitzroy-square.

1851 JAMES NICHOLS, Savile-row, Regent-street.

1816 THOMAS NIXON (Army).

1819 *GEORGE NORMAN, Surgeon to the United Hospital and Puerperal Charity; Bath.

1849 HENRY BURFORD NORMAN, Surgeon to the North London Eye Infirmary, and the St. Marylebone Dispensary; Duchess-street, Portland-place.

1845 HENRY NORRIS, South Petherton, Somerset.

1849 *ARTHUR NOVERRE, Great Stanmore, Middlesex.

1847 *WILLIAM EDWARD CHARLES NOURSE, 11, Orchard-street, Portman-square.

1843 WILLIAM O'CONNOR, M.D., George-street, Portman-square.

1847 THOMAS O'CONNOR, March, Cambridgeshire.

1846 FRANCIS ODLING, Devonshire-street, Portland-place.

1822 JAMES ADEY OGLE, M.D. F.R.S., Clinical and Aldrichian Professor of Medicine, Oxford; and Senior Physician to the Radcliffe Infirmary; Oxford.

1850 HENRY OLDHAM, M.D., Obstetric Physician to Guy's Hospital; Devonshire-square, Bishopsgate-street.

Elected

1842 WILLIAM PIERS ORMEROD.

1846 *EDWARD LATHAM ORMEROD, M.D., Physician to the Sussex County Hospital; Old Steyne, Brighton.

1847 WILLIAM EMANUEL PAGE, M.D., Physician to, and Lecturer on Medicine at, St. George's Hospital; Curzon-street, May-fair.

1847 *WILLIAM BOUSFIELD PAGE, Surgeon to the Cumberland Infirmary; Carlisle.

1840 JAMES PAGET, F.R.S., Assistant-Surgeon to, and Lecturer on General and Morbid Anatomy and Physiology at, St. Bartholomew's Hospital; Henrietta-street, Cavendish-square. C. 1848.

1806 *ROBERT PALEY, M.D., Bishopston-grange, near Ripon, Yorkshire.

1836 S. W. LANGSTON PARKER, Surgeon to the Queen's Hospital; Birmingham.

1847 NICHOLAS PARKER, M.B., Assistant-Physician to the London Hospital: Microscopical Demonstrator of Morbid Anatomy at the London Hospital School of Medicine; Finsbury-square.

1841 JOHN PARKIN, M.D., Paris.

1851 JAMES PART, 7, Camden-road Villas, Camden-town.

1828 RICHARD PARTRIDGE, F.R.S., Surgeon to King's College Hospital, and Professor of Anatomy in King's College, London; New-street, Spring-gardens. S. 1832. C. 1837. V.P. 1847.

1845 THOMAS BEVILL PEACOCK, M.D., Assistant-Physician to St. Thomas's Hospital; Finsbury-circus, Finsbury-sq.

1830 CHARLES P. PELECHIN, M.D., St. Petersburgh.

1819 JOHN PRYOR PEREGRINE, M.D., Jersey.

1839 THOMAS PEREGRINE, M.D. Half Moon-street, Piccadilly.

1844 WILLIAM VESALIUS PETTIGREW, M.D., Chester-street, Grosvenor-place.

1837 BENJAMIN PHILLIPS, F.R.S., *Vice-President;* Brentbridge House, Hendon, Middlesex. L. 1841. T. 1847.

1814 *EDWARD PHILLIPS, M.D., Physician to the County Hospital; Winchester, Hampshire.

1848 EDWARD PHILLIPS, M.D., Coventry, Warwickshire.

Elected

1852 Richard Phillips, 5, Winchester-place, Pentonville.

1846 Francis Richard Philp, M.D., Physician to St. Luke's Hospital; Colby-house, Kensington.

1851 *James Hollins Pickford, M.D., M.R.I.A., Brighton.

1851 John Picton, M.D.

1836 Isaac Pidduck, M.D., Physician to the Bloomsbury Dispensary; Montague-street, Russell-square.

1852 George Pilcher, Harley-street, Cavendish-square.

1852 Henry Pilleau, 11, Young-street, Kensington-square.

1841 Henry Alfred Pitman, M.D., *Librarian;* Assistant-Physician to, and Lecturer on Materia Medica at, St. George's Hospital; Montague-place, Russell-square.

1850 Alfred Poland, Assistant-Surgeon to Guy's Hospital, and to the Royal Ophthalmic Hospital; St. Thomas's-street, Southwark.

1845 George David Pollock, Surgeon to the North London Eye Infirmary; Assistant Surgeon to, and Lecturer on Anatomy at, St. George's Hospital Medical School; Grosvenor-street, Grosvenor-square.

1843 Charles Pope, M.D. M.A. F.L.S., Temple Cloud, near Bristol.

1846 Jephson Potter, M.D. F.L.S., Oxford-road, Manchester.

1840 Lewis Powell, John-street, Berkeley-square.

1842 James Powell, M.B. (Lond.), Guildford-street, Russell-square.

1851 Robert Francis Power, M.D., Bolton-street, Piccadilly.

1839 John Propert, New Cavendish-street, Portland-place.

1845 John Pyle, Surgeon to the North London Eye Infirmary; Oxford-terrace, Hyde-park.

1816 Sir William Pym, M.D., Inspector of Hospitals.

1830 Jones Quain, M.D., Paris.

1850 Richard Quain, M.D., Assistant-Physician to the Hospital for Consumption; Harley-street, Cavendish-square.

1835 Richard Quain, F.R.S., *Treasurer;* Surgeon to University College Hospital, and Professor of Clinical Surgery in University College, London; Cavendish-square. C. 1838. L. 1846. T. 1851.

Elected

1852 CHARLES BLAND RADCLIFFE, M.D., Assistant Physician to the Westminster Hospital; Henrietta-street, Cavendish-square.

1821 HENRY REEDER, M.D., Ridge House, Chipping, Sudbury.

1835 G. REGNOLI, Professor of Surgery in the University of Pisa.

1846 JAMES REID, M.D., Physician to the Infirmary of Gt. Giles and Bloomsbury; General Lying-in Hospital, &c.; Brook-street, Grosvenor-square.

1847 SAMUEL RICHARDS, M.D., Bedford-square.

1853 CHRISTOPHER THOMAS RICHARDSON, M.B., 16, Hinde-street, Manchester-square.

1829 SIR JOHN RICHARDSON, Knt. F.R.S. C.B., Surgeon to the Naval Hospital; Haslar Hospital, Gosport.

1849 *WILLIAM RICHARDSON, M.D., 9, Ephraim-road, Tunbridge Wells, Kent.

1843 JOSEPH RIDGE, M.D., Dorset-square.

1845 BENJAMIN RIDGE, M.D., Putney, Surrey.

1852 CHARLES RIDLEY, Charlotte-street, Bedford-square.

1852 JOHN ROBERTS, M.D., Physician to the Westminster General Dispensary; Bruton-street, Berkeley-square.

1829 *ARCHIBALD ROBERTSON, M.D. F.R.S. L. and E., Physician to the General Infirmary, Northampton.

1843 GEORGE ROBINSON, M.D., Newcastle-on-Tyne.

1851 RICHARD RADFORD ROBINSON, Camden-row, Camberwell, Surrey.

1843 WILLIAM RODEN, M.D. F.L.S., Kidderminster.

1835 GEORGE HAMILTON ROE, M.D., Physician to, and Lecturer on Medicine at, the Westminster Hospital; Upper Brook-street, Grosvenor-square. C. 1841.

1836 ARNOLD ROGERS, Hanover-square.

1846 WILLIAM RICHARD ROGERS, M.D., Berners-street, Oxford-street.

1819 HENRY SHUCKBURGH ROOTS, M.D., Consulting-Physician to St. Thomas's Hospital; Russell-square. C. 1833. V.P. 1834.

1829 WILLIAM SUDLOW ROOTS, Kingston, Surrey.

1850 GEORGE ROPER, 180, Shoreditch.

1836 RICHARD ROSCOE, M.D., Twickenham, Middlesex.

Elected

1836 *Caleb Burrell Rose, Swaffham, Norfolk.
1850 Archibald Colquhoun Ross, M.D., Madeira.
1849 Charles Henry Felix Routh, M.D., 52, Montague-square.
1845 Henry Mortimer Rowdon, 27, Nottingham-place, York-gate, Regent's-park.
1841 Richard Rowland, M.D., Assistant-Physician to the Charing-cross Hospital; Woburn-place, Russell-square.
1834 Henry William Rumsey, Cheltenham.
1845 James Russell, M.D., Physician to the General Dispensary, Birmingham.
1851 Henry Hyde Salter, M.B., Mantague-street, Russell-sq.
1827 *Thomas Salter, F.L.S., Poole, Dorsetshire.
1844 *Thomas Bell Salter, M.D., F.L.S., Ryde, Isle of Wight.
1849 Hugh James Sanderson, Upper Berkeley-street, Portman-square.
1847 William Henry Octavius Sankey, M.D. London Fever Hospital, Liverpool-road, Islington.
1845 Edwin Saunders, Surgeon-Dentist to the Queen, and Lecturer on Diseases of the Teeth at St. Thomas's Hospital; George-street, Hanover-square.
1834 Ludwig V. Sauvan, M.D., Warsaw.
1840 Augustin Sayer, M.D., Upper Seymour-street, Portman-square.
1853 Maurice Schulhof, M.D., Suffolk-place, Pall Mall.
1824 Edward James Seymour, M.D. F.R.S., Charles-street, Berkeley-square. C. 1826. S. 1827. V.P. 1830.
1840 William Sharp, F.R.S. F.G.S. F.R.A.S., Rugby.
1837 William Sharpey, M.D. F.R.S. L. and E., Professor of Anatomy and Physiology in University College, London; Gloucester-crescent, Regent's-park. C. 1848.
1836 Alexander Shaw, Surgeon to, and Lecturer on Surgery at, the Middlesex Hospital; Henrietta-street, Cavendish-square. C. 1842. S. 1843. V.P. 1851.
1848 *Edward James Shearman, M.D., Rotherham, Yorkshire.
1849 Francis Sibson, M.D. F.R.S., Physician to St. Mary's Hospital; Brook-street, Grosvenor-square.
1848 Edward Henry Sieveking, M.D., Assistant-Physician to St. Mary's Hospital; Bentinck-street, Manchester-square.

Elected

1839 THOMAS HOOKHAM SILVESTER, M.D., High-street, Clapham.
1832 JOHN SIMON, F.R.S., Lecturer on Pathology at St. Thomas's Hospital; Lancaster-place, Strand.
1821 CHARLES SKENE, M.D., Professor of Anatomy and Surgery; Marischal College, Aberdeen.
1827 GEORGE ROBERT SLENE, Bedford.
1824 FREDERIC CARPENTER SKEY, F.R.S., Assistant-Surgeon to, and Lecturer on Anatomy at, St. Bartholomew's Hospital; Surgeon to the Northern Dispensary; Grosvenor-street, Grosvenor-square. C. 1828. L. 1829. V.P. 1841.
1838 HENRY SMITH, Senior Assistant-Surgeon to St. Mary's Hospital; and Lecturer on Surgery in the Medical School adjoining St. George's Hospital; Upper Seymour-street, Portman-square.
1835 JOHN GREGORY SMITH, Harewood, Yorkshire.
1843 ROBERT WILLIAM SMITH, M.D. M.R.I.A., Professor of Surgery in the University of Dublin; Surgeon to the Richmond Hospital; Dublin.
1852 CHARLES CASE SMITH, Senior-Surgeon to the Suffolk General Hospital; Bury St. Edmunds, Suffolk.
1845 WILLIAM SMITH, Park-street, Bristol.
1847 WILLIAM SMITH, M.D., Weymouth, Dorsetshire.
1850 WILLIAM TYLER SMITH, M.D., Physician-Accoucheur to St. Mary's Hospital; Upper Grosvenor-street, Grosvenor-square.
1843 JOHN SNOW, M.D., Sackville-street, Piccadilly.
1819 *GEORGE SNOWDEN, Ramsgate, Kent.
1851 JOHN SODEN, Surgeon to the Bath Hospital; Bath.
1816 *JOHN SMITH SODEN, New Sidney-place, Bath.
1830 SAMUEL SOLLY, F.R.S., Surgeon to St. Thomas's Hospital; St. Helen's Place, Bishopsgate-street. L. 1838. C. 1845. V.P. 1849.
1844 FREDERICK ROBERT SPACKMAN, M.B., Harpenden, St. Alban's.
1834 JAMES SPARK, Newcastle, Staffordshire.
1851 ROBERT JOHN SPITTA, M.B., Clapham, Surrey.

Elected

1843 *Stephen Spranger, Grantham, Lincolnshire.

1838 George James Squibb, Orchard-street, Portman-square.

1815 Edward Stanley, F.R.S., Surgeon to St. Bartholomew's Hospital; Brook-street, Grosvenor-square. C. 182[illegible] S. 1824. V.P. 1827. T. 1832. P. 1843. C. 1852, 3

1851 James Startin, Surgeon to the Hospital for Diseases of the Skin, and Lecturer on Cutaneous Disorders at that Institution; Savile Row, Regent-street.

1852 Sherard Freeman Statham, Assistant-Surgeon to University College Hospital; 43, Mortimer-street, Cavendish-square.

1852 John Edward Stephens, M.D., 9, Southwick Crescent, Hyde-park.

1842 Alexander Patrick Stewart, M.D., Assistant-Physician to, and Lecturer on Materia Medica at, the Middlesex Hospital; Grosvenor-street, Grosvenor-square.

1843 Robert Reeve Storks.

1844 John Soper Streeter, Harpur-street, Red Lion-square.

1847 William Allen Sumner, Surgeon to the Portland Town Free Dispensary; 25 Wellington Road, St. John's-wood.

1839 Alexander John Sutherland, M.D., F.R.S., Physician to St. Luke's Hospital; Richmond Terrace, Whitehall. C. 1850.

1842 James Syme, Professor of Clinical Surgery in the University of Edinburgh; Charlotte-square, Edinburgh.

1844 Richard William Tamplin, Surgeon to the Royal Orthopædic Hospital; Old Burlington-street.

1848 Thomas Hawkes Tanner, M.D., Physician to the Hospital for Women, Red Lion-square; Charlotte-street, Bedford-square.

1840 Thomas Tatum, Surgeon to, and Lecturer on Surgery at, St. George's Hospital; George-st., Hanover-sq. C. 1852, 3.

1835 John Colley Taunton, Surgeon to the City of London Truss Society, and to the City Dispensary; Hatton-garden, Holborn. C. 1840.

1845 Thomas Taylor, Vere-street, Cavendish-square.

Elected

1832 Robert Taylor, M.D., 82, Guildford-street, Russell-square.

1825 *Evan Thomas, Manchester.

1839 Seth Thompson, M.D., Physician to, and Lecturer on
1842 Medicine at, the Middlesex Hospital; Lower Seymour-street, Portman-square. C. 1849. S. 1850.

1842 Theophilus Thompson, M.D. F.R.S., Physician to the Hospital for Consumption and Diseases of the Chest; Bedford-square.

1852 Henry Thompson, Surgeon to the St. Marylebone Dispensary; 16, Wimpole-street, Cavendish-square.

1835 Frederick Hale Thomson.

1819 John Thomson, M.D. F.L.S., Physician to the Finsbury Dispensary; Dalby-terrace, Islington. C. 1833. S. 1834. V.P. 1850.

1850 Robert Dundas Thomson, M.D., Professor of Chemistry, University of Glasgow.

1836 John Thurnam, M.D., Devizes, Wiltshire.

1848 Edward John Tilt, M.D., Physician to the Farringdon Dispensary; York-street, Portman-square.

1834 Robert Bentley Todd, M.D. F.R.S., Physician to King's College Hospital, Professor of Physiology and of General and Morbid Anatomy in King's College, London; Brook-street, Grosvenor-square. L. 1842. T. 1850.

1828 James Torrie, M.D., Aberdeen.

1843 Joseph Toynbee, F.R.S., Surgeon to the St. George's and St. James's Dispensary, and Aural Surgeon to St. Mary's Hospital; Savile-row, Regent-street.

1850 Samuel John Tracy, Surgeon-dentist to St. Bartholomew's and Christ's Hospitals; Finsbury-place, Finsbury-square.

1808 Benjamin Travers, F.R.S., Surgeon Extraordinary to the Queen, Surgeon in Ordinary to His Royal Highness Prince Albert; Green-street, Grosvenor-square. C. 1810. V.P. 1817. P. 1827.

1841 Matthew Truman, M.D., Norland-square, Notting-hill.

1835 John Cusson Turner, M.D., Brighton.

Elected

1845 THOMAS TURNER, Surgeon to the Royal Manchester [illegible] mary, and Lecturer on Anatomy; Mosley-str[illegible] Manchester.

1846 ALEXANDER URE, Surgeon to St. Mary's Hospital, a[illegible] Consulting Surgeon to the Westminster General Di[illegible] pensary, 18 Upper Seymour-street, Portman-square.

1819 BARNARD VAN OVEN, M.D., Consulting Surgeon to the Charity for Delivering Jewish Lying-in Women; 22, Manchester-square.

1806 BOYER VAUX, M.D.

1839 WILLIAM RANDALL VICKERS, Baker-street, Portman-square.

1810 JAMES VOSE.

1828 BENEDETTO VULPES, M.D., Physician to the Hospital of Aversa, and to the Hospital of Incurables, Naples.

1841 ROBERT WADE, Surgeon to the Westminster General Dispensary; Dean-street, Soho.

1823 WILLIAM WAGNER, M.D., Berlin.

1820 THOMAS WALKER, M.D., Physician to the Forces; Morro Velhio, Brazil.

1852 WALTER HAYLE WALSHE, M.D., Professor of the Theory and Practice of Medicine in University College, and Physician to University College Hospital: 40, Queen-Anne-street, Cavendish-square.

1851 HENRY HAYNES WALTON, Assistant-Surgeon to St. Mary's Hospital; Brook-street, Hanover-square.

1852 DANIEL WANE, M.D., 20, Grafton-street, Berkeley-square.

1846 NATHANIEL WARD, Assistant-Surgeon to, and Demonstrator of Anatomy at, the London Hospital; Broad-street-buildings, City.

1845 THOMAS OGIER WARD, M.D., Leonard-place, Kensington.

1821 WILLIAM TILLEARD WARD, Duncannon House, Brighton.

1846 JAMES THOMAS WARE, Surgeon to the Finsbury Dispensary, and to the Convalescent Institution, Russell-square.

1811 JOHN WARE, Clifton, near Bristol.

1814 MARTIN WARE, Russell-square, *Vice-President*. C. 1844. T. 1846.

1816 *CHARLES BRUCE WARNER, Cirencester, Gloucestershire.

1829 ELIAS TAYLOR WARRY, Wimborne, Dorsetshire.

Elected

1837 THOMAS WATSON, M.D., Henrietta-street, Cavendish-square. C. 1840. V.P. 1845. C. 1852.

1847 *THOMAS WATSON, Holbeach, Lincolnshire.

1840 WILLIAM WOODHAM WEBB, Gislingham, near Thwaite, Suffolk.

1842 FREDERIC WEBER, M.D., Physician to the St. George's and St. James's Dispensary; Norfolk street, Park-lane.

1835 JOHN WEBSTER, M.D. F.R.S., Consulting Physician to the St. George's and St. James's Dispensary; Brook-street, Grosvenor-square. C. 1843.

1844 WILLIAM WEGG, M.D., Physician to the St. George's and St. James's Dispensary; Maddox-street, Hanover-square.

1816 SIR AUGUSTUS WEST, Knt., Deputy-Inspector of Hospitals to the Portuguese Forces; Paris.

1842 CHARLES WEST, M.D., Physician-Accoucheur to, and Lecturer on Midwifery at, St. Bartholomew's Hospital; and Physician to the Hospital for Sick Children; Wimpole-street, Cavendish-square.

1841 THOMAS WEST, M.D. F.L.S., Daventry.

1828 JOHN WHATLEY, M.D.

1849 JOHN WHITE, the Albany, Piccadilly.

1852 JOHN WIBLIN, 73, Morland-place, Southampton.

1840 JOSEPH WICKENDEN, Birmingham.

1824 *WILLIAM JOHN WICKHAM, Surgeon to the Winchester Hospital; Winchester.

1844 FREDERICK WILDBORE, High-street, Shoreditch.

1837 GEORGE AUGUSTUS FREDERICK WILKS, M.D., Temple-walk, Matlock, Derbyshire.

1840 CHARLES JAMES BLASIUS WILLIAMS, M.D., F.R.S., Upper Brook-street, Grosvenor-square. C. 1849.

1829 ROBERT WILLIS, M.D., Barnes, Surrey. L. 1838.

1839 ERASMUS WILSON, F.R.S., Consulting Surgeon to the St. Pancras Infirmary; Henrietta-street, Cavendish-square.

1839 JAMES ARTHUR WILSON, M.D., Physician to St. George's Hospital; Dover-street, Piccadilly. C. 1846.

1831 WILLIAM JAMES WILSON, Surgeon to the Manchester Infirmary; Manchester.

1850 *ROBERT STANTON WISE, M.D., Banbury, Oxon.

Elected

1825 THOMAS ALEXANDER WISE, India.

1851 JOHN WOOD, Old Burlington-street.

1841 GEORGE LEIGHTON WOOD, Surgeon to the Bath Hospital; Queen-square, Bath.

1848 WILLIAM WOOD, M.D., Kensington House, Kensington.

1843 JOHN WARD WOODFALL, M.D., Physician to the West Kent Infirmary; Maidstone, Kent.

1847 ROBERT WOOLLASTON, 62, Gloucester-terrace, Hyde-park.

1833 THOMAS WORMALD, Assistant-Surgeon to St. Bartholomew's Hospital; Bedford-row. C. 1839.

1842 WILLIAM COLLINS WORTHINGTON, Surgeon to the Infirmary, Lowestoft, Suffolk.

1848 EDWARD JOHN WRIGHT, Kennington-row, Kennington.

[It is particularly requested, that any change of Title or Residence may be communicated to the Secretaries before the 1st of August in each year, in order that the List may be made as correct as possible.]

HONORARY FELLOWS.

(Limited to Twelve.)

Elected

1841 WILLIAM THOMAS BRANDE, F.R.S. L. and E., Professor of Chemistry at the Royal Institution of Great Britain; Royal Mint, Tower-hill.

1835 SIR DAVID BREWSTER, K.H. LL.D. F.R.S. L. and E., &c., Cor. Mem. Institute of France, &c.; Kingussie.

1853 BENJAMIN COLLINS BRODIE, B.A., Oxford, F.R.S.; 13, Albert Road, Regent's-Park.

1841 ROBERT BROWN, D.C.L. F.R.S., President of the Linnean Society; British Museum.

1835 The Very Rev. WILLIAM BUCKLAND, D.D. F.R.S., Dean of Westminster.

1847 EDWIN CHADWICK, Commissioner of the Board of Health.

1835 MICHAEL FARADAY, D.C.L. F.R.S., Cor. Memb. Institute of France; Royal Institution.

1841 SIR JOHN FREDERICK WILLIAM HERSCHEL, BART., D.C.L. F.R.S., President of the Royal Astronomical Society; Somerset-House.

1835 SIR WILLIAM JACKSON HOOKER, LL.D. F.R.S. L. and E. Royal Botanic Garden, Kew.

1847 RICHARD OWEN, F.R.S., Cor. Memb. Institute of France; Hunterian Professor to, and Curator of the Museum of, the Royal College of Surgeons of England.

1835 The Rev. ADAM SEDGWICK, A.M. F.R.S. &c., Woodwardian Lecturer, Cambridge.

1841 The Rev. WILLIAM WHEWELL,, D.D. F.R.S., Master of Trinity College, Cambridge.

FOREIGN HONORARY FELLOWS.

(Limited to Twenty.)

Elected

1841 G. ANDRAL, M.D. Professor in the Faculty of Medicine, Paris.

1835 CARL JOHAN ECKSTRÖM, K.P.S. and W., Physician to the King of Sweden, First Surgeon to the Seraphim Hospital, Stockholm.

1835 W. J. EDWARDS, M.D. F.R.S., Member of the Institute of France, Paris.

1841 CHRISTIAN GOTTFRIED EHRENBERG, Berlin.

1835* BARON A. DE HUMBOLDT, Member of the Institute of France, &c., Berlin.

1841 JAMES JACKSON, M.D., Professor of Medicine in the University of Cambridge, Boston, U.S.

1843 BARON JUSTUS LIEBIG, M.D. F.R.S., Professor of Chemistry in the University of Giessen, &c.

1841 P. C. A. LOUIS, M.D., Physician to the Hôtel-Dieu, Member of the Royal Academy of Medicine, &c., Paris.

1841 F. MAGENDIE, M.D., Member of the Institute; Physician to the Hospital of the Salpêtrière; Paris.

1847 PROFESSOR CARLO MATTEUCCI, University of Pisa.

1841 JOHANN MULLER, M.D., Professor of Anatomy and Physiology, and Director of the Royal Anatomical Museum, Berlin.

1835 J. C. OERSTED, M.D., Professor of Physics in the University of Copenhagen, &c. &c.

1835 PROFESSOR ORFILA, Dean of the Faculty, &c. &c., Paris. Obit 1853.

1841 BARTOLOMEO PANIZZA, M.D., Pavia.

1850 CARL ROKITANSKY, M.D., Curator of the Imperial Pathological Museum at the University of Vienna, &c. &c.

1853 VALENTINE MOTT, M.D., New-York.

1843 PHILIBERT JOSEPH ROUX, Member of the French Institute; Surgeon-in-Chief of the Hôtel-Dieu; Professor in the Faculty of Medicine, Paris.

1835 C. J. TIMMINCK, Director of the Museum of Natural History of the King of Holland, Amsterdam.

1835 FREDERICK TIEDEMANN, M.D., Professor of Anatomy and Physiology, Heidelberg.

1841 JOHN C. WARREN, M.D., Professor of Anatomy and Surgery in the University of Cambridge, Boston, U.S.

CONTENTS.

PAGE

List of Officers and Council v

List of Referees vii

List of Presidents of the Society viii

List of Fellows of the Society xi

I. A Comparative View of some of the more important points of the Pathology of Rheumatic and Non-Rheumatic Pericarditis, deduced from an Analysis of Cases. By Edward Latham Ormerod, M.D., Caius College, Cambridge; Fellow of the Royal College of Physicians; Physician to the Sussex County Hospital 1

II. On the Development of Torulæ in the Urine, and on the relation of these Fungi to Albuminous and Saccharine Urine. By Arthur Hassall, M.D., Lond. M.R.C.P. 23

III. Sequel to a Case of Albuminous and Fatty Urine, published in the 'Medico-Chirurgical Transactions' for 1850, with some Account of two other Cases of so-called Chylous Urine. By H. Bence Jones, M.D., F.R.S., Physician to St. George's Hospital 79

IV. On Degeneration of the Placenta at the end of Pregnancy. By Robert Druitt, Member of the Royal College of Physicians, London, &c. Communicated by Robert Ferguson, M.D. 99

V. Hypertrophy and Prolapse of the Tongue. By George Murray Humphry, Esq., Surgeon to Addenbrooke's Hospital, Cambridge. Communicated by James Paget, Esq., F.R.S. 113

VI. Hypertrophy of the Tongue, being the account of a Case of that Disease, which was successfully treated by Ligature. By J. Hodgson, Esq., F.R.S., President of the Med. and Chir. Society 129

VII. Case of Hypertrophy of the Tongue. By T. P. Teale, Esq., F.R.C.S.E., Surgeon to the Leeds Infirmary. Communicated by Joseph Hodgson, Esq., F.R.S. 133

PAGE

VIII. Case of Popliteal Aneurism, cured by Compression of the Femoral Artery in the upper third of its course, the patient dying five months after of Aneurism of the Abdominal Aorta, with an Account of the Dissection of the affected Limb. By J. Monro, M.D., Batallion Surgeon, Coldstream Guards 135

IX. A further Account of Fatty Degeneration of the Placenta, and the influence of this Disease in producing Death of the Fœtus, Hæmorrhage, and Abortion. By Robert Barnes, M.D. (Lond.), Obstetric Surgeon to the Western General Dispensary, late Lecturer on Midwifery at the Royal Free Hospital. Communicated by Professor Murphy . . 143

X. Researches on the Pathology of Obstructive Phlebitis, and the Nature and Proximate Cause of Phlegmasia Dolens. By F. W. Mackenzie, M.D. Lond., Fellow of the University College, London 169

XI. On some points of the Pathology and Treatment of Yellow Fever. By Croker Pennell, M.B., Lond., Member of the Royal College of Surgeons; formerly Lecturer on Anatomy and Physiology at Westminster Hospital; Physician to the Livramento Hospital, Rio de Janeiro. Communicated by Dr. Gull 245

XII. On the Treatment of Obstinate Strictures of the Urethra by External Incision upon a grooved Director. By James Syme, Esq., F.R.S.E., Professor of Clinical Surgery in the University of Edinburgh 255

XIII. Further Researches on the Pathology of Phlegmasia Dolens. By Robert Lee, M.D., F.R.S., Fellow of the Royal College of Physicians, London; Physician to the British Lying-in Hospital; and Lecturer on Midwifery at Saint George's Hospital 281

XIV. On the use of Two Needles at once in certain Operations on the Eye, especially in those for Capsular Cataract and Artificial Pupil. By Wm. Bowman, F.R.S., Fellow of the Royal College of Surgeons; Assistant-Surgeon to the King's College Hospital; and the Royal London Ophthalmic Hospital, Moorfields 315

XV. Analysis of the Cases of Injuries of the Head, examined after death in St. George's Hospital, from January, 1841, to January, 1851, with Pathological and Surgical Observations. By Prescott Hewett, Esq., Assistant-Surgeon to St. George's Hospital, &c. 321

XVI. A Case of Perforating Ulcer of the Œsophagus, which caused Death by penetrating the Aorta. By William Henry Flower, Curator to the Middlesex Hospital Museum. Communicated by Campbell De Morgan, Esq. . . 353

PAGE.

XVII. On Small Pox and Vaccination: Analytical Examination of all the Cases admitted during sixteen years, at the Small Pox and Vaccination Hospital, London; with a view to illustrate the Pathology of Small Pox, and the protective influence of Vaccination, in degrees varying according as the Vaccination has been perfectly or imperfectly performed. By J. F. Marson, Resident Surgeon to the Small Pox and Vaccination Hospital, London. Communicated by W. D. Chowne, M.D. 359

XVIII. Observations on the State of the Blood and the Blood-Vessels in Inflammation. By T. Wharton Jones, F.R.S., Fellow of the Royal Medical and Chirurgical Society; Professor of Ophthalmic Medicine and Surgery in the University College; Ophthalmic Surgeon to the Hospital, &c. 391

XIX. On Intermitting Diabetes, and on the Diabetes of Old Age. By H. Bence Jones, M.D., F.R.S., Physician to St. George's Hospital 403

XX. An Account of a Dissection of an Ovarian Cyst which contained Brain. By Henry Gray, F.R.S., Demonstrator of Anatomy at St. George's Hospital; Surgeon to the St. George's and St. James's Dispensary 433

XXI. An Account of an instance of remarkable Deformity of the Lower Limbs. By George Viner Ellis, Professor of Anatomy in University College, London . . . 439

XXII. Observations on Cystic Disease of the Testicle. By T. B. Curling, F.R.S., Surgeon to the London Hospital . . 449

XXIII. Additional Experiments on the Excitability of Paralysed and Healthy Limbs by the Galvanic Current. By R. B. Todd, M.D., F.R.S., Physician to King's College Hospital 459

Donations to the Library 483

Index 491

ADVERTISEMENT.

THE Council of the Royal Medical and Chirurgical Society deems it proper to state, that the Society does not hold itself in any way responsible for the statements, reasonings, or opinions set forth in the various papers, which, on grounds of general merit, are thought worthy of being published in its Transactions.

A COMPARATIVE VIEW

OF SOME OF THE MORE IMPORTANT POINTS OF

THE PATHOLOGY OF

RHEUMATIC AND NON-RHEUMATIC PERICARDITIS,

DEDUCED FROM AN ANALYSIS OF CASES.

BY

EDWARD LATHAM ORMEROD, M.D.,

CAIUS COLLEGE, CAMBRIDGE;
FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS; PHYSICIAN TO THE SUSSEX COUNTY HOSPITAL.

Received October 4th.—Read November 9th, 1852.

Pathologists are much indebted to the late Dr. Taylor for having satisfactorily shown[1] that acute rheumatism is not so exclusively the cause of pericarditis as had been before supposed; and for having called attention to the importance of granular disease of the kidney in this point of view. Dr. Taylor followed up his elaborate statistical inquiry by publishing in full the details of many of the cases on which these calculations rested. And the minuteness of the analysis is justified by the minute accuracy of the original records, as reported in the 'Lancet.'[2] But into the question of the nature of non-rheumatic pericarditis he has not entered so fully as into that of its frequency.

[1] Med.-Chir. Trans., vol. xxviii, p. 453. See also 'Medical Times,' vol. xxi, p. 482.

[2] Lancet, 1845, p. 46.

There need be no long waiting in the wards of a large London hospital to see what are the merits of a numerical question concerning either acute rheumatism or granular disease of the kidneys. A careful examination of my note-books, at the period of the publication of Dr. Taylor's researches, showed that, new as those conclusions were to me, they were generally consistent with the facts observed and recorded in ignorance of them. A few lines might serve to show how nearly my more limited experience on this question of comparative frequency agrees with that of Dr. Taylor. But the difference in the comparative nature and practical importance of the rheumatic and non-rheumatic forms requires a larger space for its illustration. In the belief that such an inquiry will not be wholly useless or devoid of interest, I have ventured to bring the subject under consideration in the following pages.

To avoid any misconception, it may be proper to state at the outset, that the word pericarditis is used in the following pages to denote recent inflammation of the pericardium. The analysis refers exclusively to cases of this nature. Not to reject the evidence from the traces of old pericarditis, I have not availed myself of it here, from the feeling that, on grounds of this kind, I have nothing new to urge.

The means of investigation is an analysis of the more or less complete records of 1410 cases observed under nearly similar circumstances, that is, in the wards of different hospitals. Of these cases a disproportionately large number are of thoracic, especially cardiac disease, and of fever. The ratio of cases of phthisis and of granular disease of the kidneys is also very high; though I believe that it fairly presents the relative frequency in hospital practice. Of these 1410 cases, 1249=88·59 per cent. were not cases of rheumatism; 161=11·41 per cent. were admitted on account of rheumatism at least deserving the name of sub-acute, or suffered it while under observation. Of the whole number, 85=6 per cent. had recent pericarditis, observed during life, or discovered after death, or both. These cases were thus distributed:—

24 =	1·92 per cent.	occurred among the	1249 non-rheumatic cases.
61 =	37·88 „	„	161 rheumatic cases.
85 =	6·		1410

The circumstances under which these cases were collected forbid the above numbers being taken to represent the liability to pericarditis, either in acute rheumatism, or in other diseases. But the interest attached to individual cases of pericarditis, which caused so disproportionately large a number of instances of this form of disease to be recorded, extended equally to the rheumatic and non-rheumatic class of cases: so that, though the average frequency of the occurrence under these different circumstances is unduly, yet I believe it is equally, raised.

As to the mode of arrangement which has been adopted: I have not at command cases enough of pericarditis, referable to each separate cause other than rheumatism, to allow me to deduce by analysis a summary of the characteristic effects (if such there be) of each of these in particular. It has seemed better, therefore, to group them, and to speak of rheumatic pericarditis rather as contrasted with this non-rheumatic group, than as being but one of many forms of a disease, all separately important, and having each their own distinctive characters. The only general subdivision of which the non-rheumatic cases seem to admit is, according as the pericarditis has appeared referable to local causes, or of more unequivocal constitutional origin.

Thus arranged, the features which are not marked strongly enough to stand alone are quite merged in the group. We cannot institute a running comparison between the detailed history of rheumatic pericarditis, for which there are sufficient and suitable materials, and the ill-assorted mass of facts which results from the accumulation of cases of all other forms of this affection. The comparison must therefore be limited to certain points, which the common bearing of all these cases shows to be important, and concurrently supplies the means for investigating.

The age of the 61 subjects of rheumatic pericarditis, here

examined, was about 21, on the average. And, where the numbers are large enough to place the conclusion out of the reach of the disturbing influence of single unusual cases, it does not seem that the difference of sex, or the alternative of death or recovery, involves any notable deviation from this age. The age was, however, slightly greater in the male patients, and in the favorable cases.

The mean age of the 24 subjects of non-rheumatic pericarditis was 42 years, the extremes being 7 and 63 years. All of these cases but one, a woman aged 24, dying of dysentery, were of the male sex.

The majority of the rheumatic subjects appear to have been generally healthy: certainly they were not a cachectic class. The non-rheumatic cases form a strong contrast in this respect. Even in the cases where the pericardial inflammation was engrafted on acute disease, the condition of the patients, previous to the accession of such primary disease, could not be designated as generally healthy.

As to the different causes of the pericarditis:—

Rheumatic . .	[1]61	cases	coincided with acute rheumatism.
Non-rheumatic of local origin	7	„	ensued on inflammation of the lungs or pleura.
	2	„	„ malignant disease of the pericardium.
	1	„	„ old cardiac disease.
Non-rheumatic of constitutional origin	[2]6	„	coincided with granular disease of the kidney.
	4	„	„ hæmorrhage or exhaustion.
	2	„	„ scarlatina and erysipelas respectively.
	[3]2	„	were inexplicable.
	85		

[1] Doubts may be expressed concerning the rheumatic nature of two of these cases. One of these doubtful cases may possibly have been suffering rather from remittent fever, the other from a mechanical injury.

[2] 5 certainly; 1 questionably.

[3] Of the two inexplicable cases, one was a rapidly fatal obscure case, of which no examination was allowed after death. The other was a case

Such is the general distribution of these cases. Their details, however, allow the investigation to be carried further into some particular points of the pathology of the two forms of the disease. And first, of the rheumatic class:—

The date of the accession of pericarditis was determined with tolerable accuracy in 33 of the above rheumatic cases. The mean of these observations gives the 10·5th day of the rheumatic attack as that on which the pericardial complication most commonly supervenes. In some other cases, pericarditis did not come on till 5, 6, 9, or 10 weeks from the beginning of the rheumatism. During this long period, however, the rheumatic attack was rather what might be called rheumatic disturbance of the constitution[1] than regular rheumatic fever. In these few late cases, the pericarditis, when it did come, was certainly very slight. But, as concerns the other cases, I am rather inclined to think that pericarditis supervening after the 10th day was more severe than when occurring at an earlier period.

The question, whether a first or a subsequent attack of rheumatism be more likely to be accompanied by pericarditis, is beyond the reach of hospital statistics. The circumstances which bring this class of rheumatic patients

of sudden fatal hæmorrhage into the pericardium, of which no explanation could be offered, save what a little patch of inflamed membrane near the base of the heart afforded. I may add that, but for the anomalous nature of the case which induced so very careful an examination, this morbid appearance might very easily have been overlooked, and certainly would not have been recorded.

On the rest of the non-rheumatic cases, there is only to remark here, that, in four of them, the pericardial affection might have been referred to more than one of the specified causes. Of these, one seemed referable to extension of inflammation rather than to erysipelas; another to renal rather than to old cardiac disease; the third rather to exhaustion, than to inflammation of a neighbouring part; and in the fourth, the old cardiac disease seemed in more active operation than the old renal disease.

[1] The rheumatic diathesis of Dr. Todd, on 'Gout and Rheumatism,' p. 109.

under observation, depend as much on personal considerations as on their disease. My note-books record more numerous admissions during a first, but proportionately more frequent instances of pericarditis during a second attack of acute articular rheumatism. The conclusion, however, among so many disturbing causes, whose influence I am unable to estimate, brings no conviction to my mind, and I forbear to urge it on such insufficient grounds.

Hospital statistics, in the same way, are unable to answer the question, whether pericarditis be more likely to occur in the severe or in the slighter cases of rheumatic fever. The rule cannot be absolutely and universally laid down on these grounds,[1] for hospital experience is limited, to an uncertain extent, to the severer cases of acute rheumatism. Within these limits, judging from the cases now under examination, it might be inferred that the degree of severity of the articular affection bears an inverse relation to that of the pericardial. Thus:—of the cases where the articular affection was noted as slight, in 53·3 per cent. the pericardial affection was severe; in 46·6 per cent. it was slight. Again, where the articular affection was noted as severe, the pericardial was severe in 42·8, and slight in 57·1 per cent. of the cases.

The inference from these figures, however, is somewhat weakened by the converse view of the case. Taking the degree of the severity of the pericarditis as the starting point: where this was slight, the same inverse ratio holds, the articular affection having been severe in 58·8, and slight in 41·2 per cent. But with severe pericarditis, the joints suffered severely in 73·7, and slightly in 26·3 per cent. of the cases under examination.

Without pressing the data to a more exact conclusion than their extent warrants, it may at least be safely inferred that the severity of the articular and pericardial affections bear no very close relationship to each other. Or, to speak

[1] Dr. Taylor, in his valuable paper already referred to, gives a summary of the discordant opinions held on this matter, drawn from such a partial view of the subject. (Op. cit., p. 523.)

from single extreme cases, whose practical warnings and encouragements alike are lost in an analysis, it may be said, on the one hand, that the most severe, even fatal, pericarditis, may come on in a case where clinical skill is taxed to the utmost to detect the articular affection. On the other hand, acute rheumatism, of whose severity no words short of agonizing and terrible can convey any adequate idea, by no means necessarily involves the addition of pericarditis to the other sources of distress.

In another point of view, namely, as to what is called the relation of metastasis from the joints to the heart, this series of cases supplies some facts worth consideration. There are 87 cases available for this inquiry. In one case pericarditis preceded the articular affection? In 6 it came on after the subsidence, and in 30 during the continuance of the affection of the joints. The antecedent case speaks for itself. As far as I can abstract my own judgment of the facts of the subsequent cases from an opinion averse to the theory of metastasis, I do not think that they bring any strong support to that theory. There appears nothing in these to justify any further statement than that the articular affection passed away; and then, after a variable time, pericarditis set in. The 30 cases, however, where disease existed at the same time in both the articulations and the pericardium, speak a less equivocal language; for in 4 only of these cases was any distinct relief to the joints observed on the accession of pericarditis.

As far as concerns the question of the likelihood of metastasis from the joints to the heart being the cause of pericarditis in rheumatism, the above cases furnish as strong negative evidence as could have been expected, viewed even in the most favorable light. It is quite unnecessary to reduce still further the value of the slight positive testimony which might be deduced from them in support of such a theory by a further analysis of such small results. Only it may be mentioned, that in such case the counter-irritant must be subtracted from the metastatic influence of pericarditis on the joints. And, in all fairness, against the few

cases where the articular has been relieved by the accession of pericardial inflammation, must be set those much more numerous ones where the recrudescence of the articular affection has brought with it pericarditis. And the converse.

It is a feature of rheumatic pericarditis that it allows these questions concerning it to be entertained. It is very characteristic of this form of the disease, that we can speak with such certainty of the date of its accession, which experience has led us to anticipate, and that we can weigh the severity of its local or constitutional symptoms. These considerations apply to this form exclusively. But, in pursuing the inquiry, there arise questions where the rheumatic and non-rheumatic forms mutually illustrate each other, and may be more advantageously studied together. The possible influence, for instance, of certain causes contingent on acute rheumatism, seems most fitly to come under examination with the influence of the same causes independent of rheumatism.

The chief questions involved in the history of non-rheumatic pericarditis of local origin, are the influence of pre-existent cardiac or pulmonary affections in inducing inflammation of the pericardium. Both these questions are of the utmost importance in relation to acute rheumatism also. And first as to pre-existent cardiac disease.

Of 60 of the cases of rheumatic pericarditis where the presence of endocarditis was sought for, in 6 only were no signs of endocardial lesion discovered. Of these 6 cases it is interesting to notice, that in 2 of them the pericarditis is described as severe. It is not to be inferred that acute endocarditis coincides, as a rule, in so large a proportion of cases with pericarditis. Some deduction must be made for cases of functional murmurs, and some for the existence of old valvular disease. But, though we cannot eliminate these sources of fallacy, the fact that the physical signs which might denote the effects of present or past endocarditis were found in nine tenths of these cases of rheumatic pericarditis is very important.

Was endocarditis, the precursor of pericarditis in so many of these cases, to be considered as its cause? There are no means of refuting such an hypothesis, on however slender grounds it may seem to rest. For pathology supplies us with no unequivocal instances of a tendency to acute endocarditis apart from a tendency to pericarditis also. Was pericarditis, where it preceded endocarditis, the cause of the secondary affection? Here the non-rheumatic cases of pericarditis supply the most important evidence against such an assumption. For as far as it is allowable to draw general conclusions from such small numbers, it appears that endocarditis is rarely met with in subjects of non-rheumatic pericarditis of the age and class of those now under examination. Indeed, in the absence of the cause of which they are both parallel effects, the frequency of their coincidence is not even as great as the neighbourhood of their seats respectively would have led one to anticipate.

The class of cases of non-rheumatic pericarditis, however, where a tendency to endocarditis does co-exist, is well worth attention. It includes infantile remittent fever, and the exanthemata of children. And though the following remarks[1] scarcely grow out of the cases under examination, where these diseases are but imperfectly represented, yet the seeming importance of the point, and its bearings on this part of our subject, may excuse the digression from the strict results of a tabular analysis.

[1] One of the cases marked as rheumatism in the series under examination may possibly have been remittent fever.

The cases under examination, do not, I believe, offer a fair idea of the frequency of pericarditis in cases of scarlatina; for hospital practice supplies comparatively few instances of scarlatina in young children, the age at which such an occurrence, according to recorded observations, is most likely. Among adults, of whom a large number are found suffering from scarlatina in St. Bartholomew's Hospital, pericarditis is certainly a very rare complication of this disease. As if, assuming its frequency in children, the tendency disappeared with advancing years.

On the subject of Pericarditis, as a complication of scarlatina in young subjects, besides the systematic works, see 'Lancet,' Dec. 14, 1839, p. 441; Mr. Snow.—'Med. Gazette,' vol. xxxv, p. 664; Dr. S. S. Alison.

There are at least two striking features which rheumatism with a tendency to heart affection has in common with these diseases. The most obvious is their more frequent occurrence in young subjects; and, where the occurrence of the disease itself is not restricted to early life, the loss of this tendency in more advanced age. The other less tangible feature is, that they all belong to the same class of blood-diseases so-called; to which indeed, by an extension of the term, the general pathological condition resulting from Bright's disease of the kidney might be referred. I say less tangible, for I cannot consider the vague term of blood-disease as more than a convenient form of expression in the absence of more accurate knowledge. We must wait the result of further inquiries like those of Dr. Garrod,[1] to give a definite meaning and permanent form to the expression, before we can safely rest any pathological theories upon it. For when we come to inquire more particularly into the nature of the deviations from the normal composition of the blood which characterise this class, we find no uniform condition[2] to which this particular effect, namely, the tendency to heart disease, might reasonably be ascribed. If we turn from the appreciable chemical changes to assumed changes in the vital properties of the blood, there indeed is a field for speculation; but who, in the present state of our knowledge, shall presume to build upon it?

Again, to return to our subject, as to the relation of pulmonary inflammation (using this as a general term) to pericarditis, the rheumatic and non-rheumatic forms mutually throw light on each other, and may be most advantageously considered together. In the 1410 cases which constitute the basis of the present inquiry, pulmonary inflammation—that is, pneumonia, pleuritis, or pleuro-pneumonia—was ascertained to exist, either by auscultation or dissection, 265 times. Of these—

[1] Med.-Chir. Trans., vol. xxxi, p. 83.

[2] Dr. Garrod; op. cit., p. 92.

117	had pneumonia, of which	19	had recent pericarditis.
86	„ pleurisy „	6	„
62	„ pleuro-pneumonia	8	„
265		33 = 12·4 per. cent.	

As before, so many conditions may have exercised an influence on the observation and recording of these cases that it is not safe to take the figures as a general expression of the average frequency of the coincidence of pericardial and pulmonary inflammation. But, inquiring into the order of sequence and connection of the two local affections in the particular cases, we obtain the following results:—In 15 cases the pericardial preceded, in 8 it followed, the pulmonary inflammation. In five cases the date of accession of the two affections coincided, and in the remaining 5 the dates could not be determined accurately.

These results, however, require a little further arrangement before they can be made available for any general inferences; for the rheumatic and the non-rheumatic cases stand in strong contrast to each other. Of the 15 preceding cases 14 were rheumatic; while of the 8 subsequent cases all but 1 belonged to the other class.

Turning first to the relations of pulmonary and pericardial inflammation in the rheumatic class:—Observation shows that, though pericardial inflammation commonly precedes, yet that it sometimes, though rarely, follows pulmonary inflammation; and, more frequently, that pulmonary inflammation comes on without the intervention of pericarditis or endocarditis at all. There are thus no grounds for considering pulmonary inflammation as a consequence of pericarditis rather than as a conjoined effect of their common cause—acute rheumatism.

But, whatever the relation between the two affections, their coincidence has more than a mere abstract pathological interest. The coincidence is very frequent, and very important. It is very frequent; for in the 61 rheumatic cases now under examination, pulmonary inflammation

occurred 24 times—that is, in 39·3 per cent. of all the cases. Of these, 4 had pleurisy, of which 2 died; 17 had pneumonia, of which 4 died; and 3 had what may most properly be called pleuro-pneumonia, all of which recovered. It should be mentioned, by the way, that in some cases the disease began as bronchitis; but it ran on so rapidly to pneumonia that it seems most correct to designate it as such. And it is very important; for the question of life or death in cases of rheumatic pericarditis turns more often on the affection of the lungs than on that of the heart. Though it be true that rheumatism may induce pulmonary inflammation without the intervention of pericarditis, yet it seems as if this intervention were necessary to the manifestation of the pulmonary inflammation in all its severity.[1]

The non-rheumatic class tell quite a different story. Here pulmonary inflammation has apparently a distinct influence in inducing pericarditis. And this influence, as might have been expected, is most evident in cases of pleurisy. The clinical history, indeed, which in cases of rheumatism is commonly so precise, as to the date of the accession of pericarditis, is very deficient on this point in the non-rheumatic class. But, as far as anatomy goes, we may infer with certainty (and wherever clinical observation has anything to offer, it quite bears out the conclusion) that the pericarditis was subsequent to, and probably contingent on, the pulmonary inflammation.

To express the legitimate conclusions from the above considerations in a few words, pericarditis, in rheumatic cases, cannot be considered as a frequent result of pul-

[1] Considering the frequency and importance of the coincidence of rheumatic pericarditis and pulmonary inflammation, it is remarkable that it should have attracted so little attention, even of those whose detailed clinical observations show that they were quite familiar with it. I can refer only to Dr. Latham ('Lectures on Diseases of the Heart,' vol. i, p. 159,) for an express description of it. I would add my testimony, in which all who are familiar with the disease will agree, that his picture is not over drawn.

monary inflammation. The ultimate issue of the case, however, in death or recovery, is very much influenced by such a coincidence, which, moreover, is far from uncommon. Pericarditis, in non-rheumatic cases, not unfrequently may be referred to such a cause. But the coincidence is comparatively unimportant, the cardiac complication being rather a measure of the severity of the original disease than itself any serious addition to it. To this point, however, there will be occasion hereafter to return.

With these instances of propagation of inflammation to the pericardium from neighbouring structures, the occurrence of pericarditis in connection with malignant disease of this part (noticed in the preceding table), deserves a passing notice; for malignant disease of the pericardium, like malignant disease of the brain, seems to have an especial tendency to induce pericarditis about the period of the fatal termination, though the inflammation has not such a direct influence in bringing about this termination here as in the brain. The comparative rarity of this class of cases, however, and their hopeless nature, destroy whatever interest they might otherwise have possessed here in respect of this particular tendency.

It remains to inquire, in the same way, into the pathology of that class of cases where pericarditis depends on some general cause other than rheumatism. Besides the exanthematous fevers, which have already been cursorily noticed, the assumed causes under which the cases seem to group themselves are hæmorrhage, or exhaustion, and Bright's disease of the kidney. The effects of these causes, however, do not admit of being examined in the same way as those of the subdivision just now under consideration. There is little to say of either of them but what may more conveniently be expressed in a general summary of the characters of non-rheumatic pericarditis.

Hæmorrhage, or exhaustion, is mentioned among the less frequent causes. Though its independent influence appear small numerically expressed, there is reason to believe that, in connection with other causes, its influence in this respect

is very great;[1] for it may be doubted whether pericarditis occurring at the close of a disease be not more properly referable to the general effects of that disease on the constitution than immediately and specifically to the disease itself in many cases.

It would be very desirable to institute an exact comparison between Bright's disease of the kidney and acute rheumatism in respect to their tendencies to induce inflammation of the pericardium. The circumstances, however,

[1] In saying this, I would not be understood, as implying in any degree that the judicious employment of depletion in acute rheumatism has a tendency to induce pericarditis. It should require very strong evidence on the abstract point to deter any one from pursuing the plan dictated by common experience—that is, from using depletion, like other remedial means, according as the symptoms may indicate. And this strong evidence we certainly do not possess. Facts and opinions have not been collected and stated on this matter with the impartiality which alone could give us confidence in a conclusion at variance with ordinary experience. We must, indeed, receive with caution the recorded results of any plans of treatment pursued with such enthusiasm, as is the employment of depletion, by M. Bouillaud, in the treatment of acute rheumatism. Judged by the records of the practice of other physicians, the results of this more active treatment appear to be less favorable than those of ordinary practice. But the ill-effects of its excessive employment give no grounds for inferring that depletion is not applicable at all in these cases. We run into the opposite extreme, when by one sweeping clause we refer to the effects of depletion, what M. Bouillaud urges, as evidence of its having been necessary, and we hazard the well-being of our patients by such a hasty inference.

Of the 61 rheumatic cases under examination, blood was drawn by cupping or venesection in 7 cases before inflammation of the pericardium set in. It was drawn for the relief of the present symptoms, and more especially on account of present endocarditis. Now, obviously, the assumption that pericarditis resulted from depletion in these cases, however unjustifiable, yet cannot be refuted. The only answer that can be offered is the fact, that depletion has been employed on the same indications in a much larger number of cases of acute rheumatism, where yet pericarditis has not followed. The cases where depletion might in a similar way be said to have prevented rheumatic pericarditis, are at least three times as many as those where it might be said, as above, to have caused this complication; judging at least from my own observations.

under which these two diseases occur, and our sources of information concerning them, respectively, are so very different that they hardly admit of being put in comparison. Acute rheumatism is a disease, for instance, of short duration, with well-marked symptoms and well-known tendencies. Bright's disease of the kidney, from the present point of view, is in these respects its exact opposite. Our knowledge of the cardiac complications of acute rheumatism is mostly clinical; of those of Bright's disease mostly anatomical. The data for the statistics of acute rheumatism within hospital practice are tolerably distinct; but how often do we overlook Bright's disease in the living, and how we need some criterion, exact and of ready application, of its presence after death![1]

But though the data are wanting for an exact history of renal as compared with the other forms of pericarditis, yet, on the practical bearings of the subject, this class of cases is most instructive. Let us look at them in this point of view, grouping the renal with the other cases of non-rheumatic pericarditis. Though composed of such various elements, yet, to clinical observation, in its general features, negative as well as positive, the group is quite a natural one.

Turning, then, from the more particular examination of each form to a consideration of the general characters of the class, the negative features are those which come most strongly before us; for, looking at the clinical history of the disease, as compared with the rheumatic form, there appears to be quite a blank on those points where the features of rheumatic pericarditis are usually best marked; for there are no symptoms to mark its setting in, so severe as to make us forget the original disease in its complication, as there are in rheumatism. There is no fear of our insensibly acquiring impressions of a metastasis of disease from other parts to the pericardium, such as we need a

[1] Frerichs ('Die Bright'sche Nieren-krankheit,' s. 168,) thinks that the recognition of the fibrinous casts of the urinary tubes will, with the more general use of the microscope, supply this desideratum.

careful reference to our note-books to correct. The very existence of the disease was recognised during life, whether by symptoms or by physical signs, in scarcely more than half the cases.

What a contrast with the rheumatic cases, where pain is so general and often so severe a symptom! There, of 61 cases, in 1 only were the physical signs unobserved, and this not from the heart not being examined, but from the part of the membrane affected lying posteriorly out of the reach of auscultation; while in 11 out of these 24 non-rheumatic cases no symptoms led to the heart being examined, and the existing disease, in a large proportion of them at least, remained undetected during life.

But if the symptoms and physical signs fail us here, the opportunities for informing ourselves of the amount and anatomical characters of the disease by dissection are more than proportionately increased. Of the 24 cases under examination 22 = 91·6 per cent. died. Again, what a contrast to rheumatic pericarditis, where the average[1] mortality, in this series of cases, is 18 per cent.

These facts deserve a very careful examination; for on their correct interpretation depends the answer to be given to the two most important practical questions which can be asked concerning any acute disease—namely, as to the amount of distress and the danger to life which it involves.

To be so very frequently found after death, non-rheumatic pericarditis should be a disease of exceeding frequency, unless there be some peculiar liability to its occurrence about this period. Now, it is true that pericarditis, leaving its traces in white spots, is a much more common disease than the most diligent observer would suspect from clinical experience unaided by dissection. But there are no sufficient grounds for claiming these white spots, the evidence of old partial pericarditis, as the effects of non-rheumatic pericarditis exclusively.[2] We are not always

[1] An average, I believe, much raised by the number of fatal cases which my office necessarily brought under my notice.

[2] Dr. Taylor's inquiries led him to the conclusion that within the range

stumbling on general non-rheumatic pericarditis during life as we should be did its clinical bear the same ratio to its anatomical srequency as does that of the rheumatic form. The interpretation most agreeable to observation is that which makes the more frequent occurrence about the period of death a characteristic of non-rheumatic pericarditis.

Is it the cause of death? The mortality, on such an assumption, is so very great that one naturally turns to the symptoms observed during life for an explanation of this. Here, as we have already seen, is a blank; but the negative fact that in no more than 13 of these 24 cases was the existence of pericarditis ascertained during life, is full of meaning. For diseases, speaking generally, prove fatal by their local or their constitutional effects. Of the first:—comparing the ordinarily slight amount of local changes in this form with the ordinarily large amount in the rheumatic form (which yet rarely proves fatal in this way), we may reject this explanation of the mortality in non-rheumatic pericarditis as insufficient. Then, as to the constitutional effects, there is no specific fatal tendency apart from the visible rational symptoms of non-rheumatic pericarditis. The 13 cases where the disease was recognised and watched during life are very explicit on this point. Speaking generally, on their evidence, where non-rheumatic pericarditis was watched day by day, judged by its symptoms, it was a slight disease. Its presence or absence seemed almost without influence on the patient's general condition; and no idea of any specific depressing influence, apart from the more determinate symptoms, could reasonably be entertained: nor, where the disease was not recognised during life, does a careful review of the symptoms which were recorded in ignorance of the existence of pericarditis bring into notice any indications of important

of rheumatism, Bright's disease of the kidneys, and inflammation of neighbouring parts, the causes of the "white spots" are to be found (Med.-Chir. Trans., vol. xxviii, pp. 467, 474). There are, however, no sufficient data to guide us in distributing the particular cases under these several heads.